

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 23, 2006 8:00 am**  
**Secretary of State**

05-23-2006 90011 038 \*\*\*150.00

DOCUMENT # P05000131861

1. Entity Name  
CCST, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
19353 S.DIXIE HWY.

3. Mailing Address  
19353 S.DIXIE HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

City & State  
MIAMI, FLORIDA

4. FEI Number  
20-3552375

Applied For  
Not Applicable

Zip  
33157-7603

Country

Zip  
33157-7603

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Josephine Reyes

Street Address (P.O. Box Number is Not Acceptable)

19353 S. DIXIE HWY.

City  
MIAMI, FLORIDA

FL Zip Code  
33157-7603

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
P/D  
REYES, JOSEPHINE  
STREET ADDRESS  
19353 S.DIXIE HWY.  
CITY-ST-ZIP  
MIAMI, FLORIDA 33157-7603

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
VP/D  
SCULL, IVETTE M.  
STREET ADDRESS  
11821 S.W. 190 STREET  
CITY-ST-ZIP  
MIAMI, FLORIDA 33177

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPHINE REYES

President

05/17/06

(786) 554-6810

Date

Daytime Phone #

ATTACHMENT

40094097  
#P05000131861

May 17, 2006

Please, accept this payment of  
150.00.

I have not received the proper  
Form to make this payment.

Thaks,

Josephine Reyes

---