2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167149

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CORAL GABLES, FL 33134

() Delete

Entity Name: C & C PERMITS AND PLANS PROCESSING CORPORATION

FILED May 01, 2007 Secretary of State

Current P	rincipal Plac	e of Business:	New I	New Principal Place of Business:		
223 CALAI SUITE 11 CORAL G	BRIA AVE. ABLES, FL 3:	3134				
Current Mailing Address:			New I	New Mailing Address:		
223 CALAI SUITE 11 CORAL G	BRIA AVE. ABLES, FL 3:	3134				
FEI Number: 20-8204748 FEI Number Applied For ()		FEI Number No	t Applicable ()	Certificate of Status Desired ()		
Name and	l Address of	Current Registered Agent	t: Name	Name and Address of New Registered Agent:		
223 CALA SUITE 11	, CHRISTINA BRIA AVE. ABLES, FL 3:					
	e named entity e of Florida.	submits this statement for	the purpose of chang	ging its registere	d office or registered agent, or both,	
SIGNATUI	RE:					
Electronic Signature of Registered Agent				Date		
		93(2)(b), F.S., the corporation ong Trust Fund Contribution ().	lid not receive the prior	notice.		
OFFICER	S AND DIREC	CTORS:	ADDI	TIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	CRESPO, RAI 223 CALABRI) Delete MON R III A AVE. SUITE 11 ES, FL 33134	Title: Name: Addres City-St	s: 223 CALAB	(X) Change()Addition CHRISTINA M RIA AVE. SUITE 11 BLES, FL 33134	
Title: Name: Address: City-St-Zip:	CERTAIN, CH 223 CALABRI) Delete RISTINA M A AVE. SUITE 11 ES, FL 33134	Title: Name: Addres City-St-		(X) Change()Addition RAMON R RIA AVE. SUITE 11 BLES, FL 33134	
Title: Name: Address:	CERTAIN, ER) Delete NESTO J A AVE. SUITE 11	Title: Name: Addres	SEC CERTAIN, E s: 223 CALAB	(X) Change()Addition ERNESTO J RIA AVE SUITE 11	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CORAL GABLES, FL 33134

223 CALABRIA AVE. SUITE 11

CORAL GABLES, FL 33134

MAAL, MATILDE

() Change (X) Addition

SIGNATURE: CHRISTINA CERTAIN P 05/01/2007