

8/29/2007-90002-017-\$150.00-\$150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

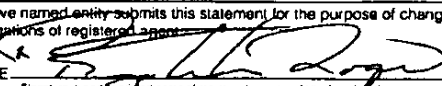
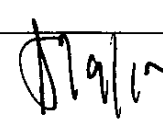
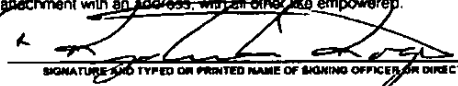
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4015000



08212007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000036307			
1. Entity Name C.N.C. PREMIER INC.			
Principal Place of Business 7215 MIAMI LAKES DR. MIAMI LAKES, FL 33014		Mailing Address 7215 MIAMI LAKES DR. MIAMI LAKES, FL 33014	
2. Principal Place of Business - No P.O. Box # 8346 NW South River Dr		3. Mailing Address 8346 NW South River Dr	
Suite, Apt. #, etc. I		Suite, Apt. #, etc. I	
City & State Medley, FL		City & State Medley, FL	
Zip 33166		Zip 33166	
Country USA		Country USA	
4. FEI Number 20-4489822		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROQUE, RIGOBERTO 7215 MIAMI LAKES DR. MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 		DATE 8/23/07	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROQUE, RIGOBERTO 7215 MIAMI LAKES DR. MIAMI LAKES, FL 33014 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with or without empowerment.			
SIGNATURE: 		DATE: 8/23/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	