2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

DOCUI 1. Entity Nam CCM PAN	ie	# P0600010 c	5562				04-25-2007	901 / / 04	45 ***15	J.00
Principal Plac	e of Business		Mailing Address		•		00-			
2620 NW 22ND AVE.		2620 NW 22ND AVE.								
#109		#109								
MIAMI, FL 33142		MIAMI, FL 33142								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02092007	Chg-P	CR2E0	34 (12/06)			
City & State		City & State			4. FEL Number	11735	·	No	oplied For of Applicable	
Zip	İ	Country	Zip	Cou	ntry	5. Certificate o	Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Curre	nt Registered Agent			7. Name and A	ddress of New I			
		, i			Name					
MARTINEZ, CARLOS 2620 NW 22ND AVE #109					Street Addr	ress (P.O. Box Number	is Not Acceptabl	e)		
MIAMI, FL	33142	•								
					City			FL	Zip Cod	е
8 The above	named entity		for the purpose of chan	aina its register	red office or sec	gistered agent, or both	in the State of Fl	orida. Lam	tamiliar with,	and accept
			to the parpose of brian	garaga no rogicas.	100 000 0. 140					
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	ions of registe		asline	_ (a	Hos To	aletinez required when reinstalling)		4/2:	3/07	
the obligat	Signature, typed of	ered agent. Llr M	as Line and table if applicable. 9. Election	_ (a	red Agent signature re	artinez		4/2: DATE	3/07	
the obligat	Signature, typed of E NOWIII ay 1, 2007	FEE IS \$150.00 Fee will be \$550	9. Election Trust Fur	Campaign Finand Contribution	red Agent signature re	S in the control of t	HANGES TO OF	//DATE	DIRECTOR	<u>S</u> IN 11
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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 all other like empowered.

SIGNATURE: A Carlor Martine SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR