

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000126371

Entity Name: CCIS, CORP.

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2523 TRYON PLACE  
WINDERMERE, FL 34786

**New Principal Place of Business:**

4924 LYFORD CAY RD  
TAMPA, FL 33629

**Current Mailing Address:**

P.O. BOX 3758  
WINTER PARK, FL 32790

**New Mailing Address:**

4924 LYFORD CAY RD  
TAMPA, FL 33629

FEI Number: 20-5653452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMOS, JOSE S  
2344 CRESTOVER LANE  
WESLEY CHAPEL, FL 33543 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: JIMENEZ, CARLOS R  
Address: 4924 LYFORD CAY RD  
City-St-Zip: TAMPA, FL 33629

Title: DST  
Name: MATTEI, ANA M  
Address: 4924 LYFORD CAY RD  
City-St-Zip: TAMPA, FL 33629

I hereby 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 all other like empowered.

SIGNATURE: CARLOS R. JIMENEZ

DP

03/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date