


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90031 003 ***150.00

DOCUMENT # P06000140282		
1. Entity Name C&C SERVICE CENTER CORP.		

Principal Place of Business 9145 FONTAINEBLEAU BLVD #6 MIAMI, FL 33172	Mailing Address 9145 FONTAINEBLEAU BLVD #6 MIAMI, FL 33172
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2. Principal Place of Business - No P.O. Box # <u>200 SW 57 AVE.</u>	3. Mailing Address <u>9173 NW 1st St.</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>MIAMI, FL</u>	City & State <u>Pembroke Pines FL</u>
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Zip <u>33144</u>	Country <u>USA</u>	Zip <u>33024</u>	Country <u>USA</u>
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6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	
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7. Name and Address of New Registered Agent Name <u>Carlos Rodriguez</u> Street Address (P.O. Box Number is Not Acceptable) <u>9173 NW 1st Street</u> City <u>Pembroke Pines</u> FL Zip Code <u>33024</u>	
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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 <u>X Carlos Rodriguez</u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent, or title if applicable.	
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9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>RODRIGUEZ, CARLOS N</u> <u>9145 FONTAINEBLEAU BLVD #6</u> <u>MIAMI, FL 33172</u> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D</u> <u>PINA JATUNC, MARIA C</u> <u>9145 FONTAINEBLEAU BLVD #6</u> <u>MIAMI, FL 33172</u> <input type="checkbox"/> Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P.R.O.</u> <u>RODRIGUEZ, CARLOS</u> <u>9173 NW 1st Street</u> <u>Pembroke Pines, FL 33024</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Sec. Treas. D.</u> <u>PINA JATUNC, MARIA C</u> <u>9173 NW 1st St.</u> <u>Pembroke Pines, FL 33024</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>X Carlos Rodriguez</u> <u>3/10/08 305-264-6434</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
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40044410



03102008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5865238	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name <u>Carlos Rodriguez</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>9173 NW 1st Street</u>	
City <u>Pembroke Pines</u>	FL Zip Code <u>33024</u>

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