

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000090839

FILED
Oct 29, 2009
Secretary of State

Entity Name: C & C INSURANCE & MARKETING CONSULTANTS INC

Current Principal Place of Business:

3040 W. CYPRESS STREET# A
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

3040 W. CYPRESS STREET #A
TAMPA, FL 33609

New Mailing Address:

FEI Number: 26-3496107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANLEY, LON
3421 W. CYPRESS STREET
TAMPA, FL 33607 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: D () Delete
Name: VIDAL-CURTIS, CHARI
Address: 3040 W. CYPRESS STREET # A
City-St-Zip: TAMPA, FL 33609

Title: D (X) Delete
Name: GONZALEZ, MABEL
Address: 3040 W. CYPRESS STREET #A
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BELLEY, PAULA
Address: 3040 W. CYPRESS STREET # A
City-St-Zip: TAMPA, FL 33609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PAULA BELLEY

D

10/29/2009

Electronic Signature of Signing Officer or Director

Date