


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90393 025 \*\*\*150.00

<b>DOCUMENT # P95000081681</b>	
1. Entity Name CCI OF BOCA RATON, INC.	

Principal Place of Business 164 TOWN CENTER MALL BOCA RATON, FL 33431 US	Mailing Address <del>7634 NW 6TH AVE</del> 1371 Palmetto PARK Rd BOCA RATON, FL 33487 US 33486
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14014760



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0614078	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SIEGEL, NAT <del>7634 NW 6TH AVE</del> 1371 Palmetto PARK Rd BOCA RATON, FL 33487 33486
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**DO NOT WRITE  
IN THIS SPACE**

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: NAT SIEGEL DATE: 4/15/05  
Signature of agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COSENTINO, JAMES A 4225 GENESSEE ST BUFFALO, NY
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JAMES A COSENTINO DATE: 4/15/05 DAYTIME PHONE: 561-362-5514  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR