2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000081684

1. Entity Name
CCI OF MELBOURNE, INC.

Principal Place of Business	Mailing Address
2000 EVANS ROAD MELBOURNE SQUARE PROMENADE MELBOURNE, FL 32901 US	~~7634 NW 6TH AVE~~ 1371 Palmetto Park Rd BOCA RATON, FL ~~33487~~ US 33486

14012724

01112005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3339590	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SIEGEL, NAT
~~7634 NW 6TH AVE~~ 1371 Palmetto Park Rd
BOCA RATON, FL ~~33487~~
33486

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

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	P
NAME	COSENTINO, JAMES A
STREET ADDRESS	4225 GENESSEE ST
CITY-ST-ZIP	BUFFALO, NY

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4/15/05   561-362-5514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JAMES A COSENTINO   Date   Daytime Phone #