2004 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 23, 2004 08:00 AM Secretary of State **DOCUMENT # P95000081685** 1. Entity Name CCI OF WEST BOCA RATON, INC. Principal Place of Business Mailing Address 9918 GLADES ROAD 7634 NW 6TH AVE BOCA RATON, FL 33434 US BOCA RATON, FL 33487 US 02162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0614086 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SIEGEL, NAT **7634 NW 6TH AVE** BOCA RATON, FL 33487 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. __ Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME COSENTINO, JAMES A 4225 GENESEE ST STREET ADDRESS U00000128054 04/26/04-80020-023 150.00 CITY-ST-ZIP **BUFFALO, NY** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP BTIF NAME STREET ADDRESS CITY-ST-ZIP

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 affactment with an address, with all other like empowered.

SIGNATURE

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03

561-893-0535

Daytime Phone #