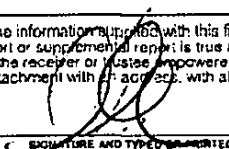


2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
07-05-2005 901731010 ***150.00
P96000102172

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000102172					
1. Entity Name C & C TRANSPORT, INC.					
Principal Place of Business 3215 W. GRACE STREET TAMPA, FL 33607			Mailing Address 3215 W. GRACE STREET TAMPA, FL 33607		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3424616	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMERON, GUILLERMO 3215 W. GRACE STREET TAMPA, FL 33607				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 filer if applicable. (NOTE: Registered Agent signature required when requesting)					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	CAMERON, GUILLERMO	NAME			
STREET ADDRESS	3215 W. GRACE ST.	STREET ADDRESS			
CITY- ST- ZIP	TAMPA, FL 32607	CITY- ST- ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	CAMERON, IVETTE	NAME			
STREET ADDRESS	3215 W. GRACE ST.	STREET ADDRESS			
CITY- ST- ZIP	TAMPA, FL 32607	CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
12. I hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 it, as set forth with all other like empowered.					
SIGNATURE: 		Ivette Cameron		6/30/05 (813) 876-4011	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Expiry Phone #	