

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-02-2005 90393 030 ***150.00

DOCUMENT # P97000015211

1. Entity Name
CCI OF VERO, INC.



Principal Place of Business
**INDIAN RIVER MALL
6200 20TH STREET ROOM 496
VERO BEACH, FL 32966 US**

Mailing Address
~~7634 NW 6TH AVE~~ **1371 Palmetto PARK Rd**
BOCA RATON, FL 33487 US 33486

14012721



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0732248

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIEGEL, NAT
~~2499 GLADES ROAD~~ **1371 Palmetto PARK Rd**
~~SUITE 100~~
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

Signature typed or printed name of registered agent and title if applicable.

NAT SIEGEL

(NOTE: Registered Agent signature required when reinstating)

4/15/05

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	CONSENTINO, JAMES A
STREET ADDRESS	4225 GENESEE STREET
CITY-ST-ZIP	CHEEKTOWAGA, NY 14225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. CONSENTINO

4/15/05

561 362-5514

Daytime Phone #