

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P97000044028**

1. Entity Name  
C.E.C. PROPERTIES, INC.



Principal Place of Business  
2300 NW 102 AVE  
MIAMI, FL 33172 US

Mailing Address  
2300 NW 102 AVE  
MIAMI, FL 33172 US



02202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0763578  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RAMIREZ, MANUEL A  
1200 BRICKELL AVENUE  
SUITE 1440  
MIAMI, FL 33131

**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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	ESPINDSA, CONCHITA
STREET ADDRESS	2300 NW 102 AVE
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	D
NAME	RAMIREZ, MANUEL A
STREET ADDRESS	1200 BRICKELL AVENUE, SUITE 1440
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000847859  
03/19/08-80037-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

3/3/08

Date

Daytime Phone #