2004 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 23, 2004 08:00 AM DOCUMENT # P97000096963 **Secretary of State** 1. Entity Name CCI OF GLADES ROAD, INC. Principal Place of Business Mailing Address 20465 STATE ROAD 7 7634 NW 6TH AVE. BOCA RATON, FL 33434 US US BOCA RATON, FL 33487 CR2E034 (10/03) 02162004 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0795936 Not Applicate \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIEGEL, NAT DO NOT WRITE 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. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CONSENTINO, JAMES A STREET ADDRESS **4225 GENESSEE STREET** U00000127644 CITY-ST-ZIP BUFFALO, NY 14225 04/26/04-80007-012 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-Z/P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of the corporation or the received with an address, with all other like empowered

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561.893.0535