


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-02-2005 90393 032 ***150.00

DOCUMENT # P97000096963	
1. Entity Name CCI OF GLADES ROAD, INC.	

Principal Place of Business 20465 STATE ROAD 7 BOCA RATON, FL 33434 US	Mailing Address 7634 NW 6TH AVE 1371 Palmetto PARK Rd BOCA RATON, FL 33487 US 33486
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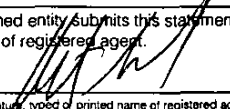


01112005 No Chg-P CR2E034 (10/03)

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4. FEI Number 65-0795936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

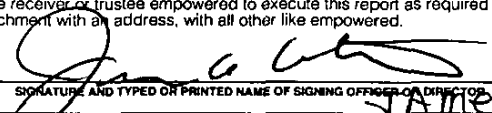
6. Name and Address of Current Registered Agent SIEGEL, NAT 7634 NW 6TH AVE 1371 Palmetto PARK Rd BOCA RATON, FL 33487 33486	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE: 	NAT SIEGEL	4/15/05
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CONSENTINO, JAMES A 4225 GENESSEE STREET BUFFALO, NY 14225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: 	4/15/05	561-362-5514
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JAMES A. CONSENTINO		<small>Daytime Phone #</small>