


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000102723
 1. Entity Name
 SRA/CCD, INC.



Principal Place of Business
 5345 PINE TREE DR.
 MIAMI BEACH, FL 33140

Mailing Address
 5345 PINE TREE DR.
 MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0799504

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

STEIN, CLIFFORD M
 5345 PINE TREE DR
 MIAMI, FL 33140

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 _____ (NOTE Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable. 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 NAME STREET ADDRESS CITY-ST-ZIP	V GOLDEN, JOANNA 5345 PINE TREE DR. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEIN, CLIFFORD 5345 PINE TREE DRIVE MIAMI, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Florida Dept of State Cliff to sign below
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000356609
 05/04/05-80039-002 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the 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 an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #