

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90299 018 ***150.00

DOCUMENT # P98000023641



1. Entity Name
C & C SOLUTIONS, INC.

Principal Place of Business
**11410 N. KENDALL DRIVE
SUITE 305
MIAMI, FL 33176**

Mailing Address
**11410 N. KENDALL DRIVE
SUITE 305
MIAMI, FL 33176**

50043326



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0851957

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ-ECHEVERRIA, M. VICTORIA
330 SW 27 AVENUE #605
MIAMI, FL 33135**

*Same Agent
Change of Address →*

Name

Street Address (P.O. Box Number is Not Acceptable)

2100 Ponce de Leon Blvd #600

City **Coral Gables**

FL

Zip Code **33134**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPS
ROFFER, CAROL
8542 SW 102 STREET
MIAMI, FL 33156** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVPT
FERNANDEZ, MARIA CRISTINA
14304 SW 21 TERRACE
MIAMI, FL 33175** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**9881 SW 68th Street
Miami, FL 33173** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

4/18/05

Date

305.279.6369 x.202

Daytime Phone #