2004 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 23, 2004 08:00 AM DQCUMENT # P98000057205 **Secretary of State** 1. Entity Name CCI OF MIAMI, INC. Principal Place of Business Mailing Address **500 OCEAN DRIVE** 7634 N.W. 6TH AVE. MIAMI, FL 33139 US BOCA RATON, FL 33487 02162004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0916572 Not Applicate \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SIEGEL, NAT DO NOT WRITE 7634 N.W. 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 DATE (NOTE Registered Agent signature regulated when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CORENTINO, JAMES A NAME U00000127641 04/28/04-80007-009 150.00 4225 GENESSEE ST STREET ADDRESS CITY-ST-ZIP BUFFALO, NY 14225 Titi F MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP