2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P98000075364** 04-29-2004 90214 022 ***150.00 1. Entity Name CCG HOLDINGS, INC. Mailing Address Principal Place of Business 4265 QUECHUA RD. 4265 QUECHUA RD. PORT ST JOHN, FL 32927 PORT ST JOHN, FL 32927 2. Principal Place of Business 3740 CuRHS Mailing Address natis Blud <u> 3740</u> 8/15 Suite, Apt. #, etc. uite, Apt. #, etc. 04282004 Chg-P CR2E034 (10/03) 件バブ Applied For 4. FEI Numbe City & State Mac 59-3537632 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FERRARO, CARMINE 4265 QUECHUA RD. PORT ST JOHN, FL: 32927 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. carmine ferrapo 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **Change** ☐ Delete TITLE Ferrard, CARMINE # 112 NAME FERRARO, CARMINE NAME STREET ADDRESS 4265 QUECHUA RD. STREET ADDRESS PORT ST JOHN, 32927 PORT ST JOHN, FL 32927 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualfy for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 nustee 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 impowered. FERRIPED, PRESIDENT SIGNATURE /

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