

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90413 002 ***150.00

DOCUMENT # P98000075364

1. Entity Name
CCG HOLDINGS, INC.



Principal Place of Business

**3740 CURTIS BLVD
108
PORT ST JOHN, FL 32927**

Mailing Address

**3740 CURTIS BLVD
108
PORT ST JOHN, FL 32927**

2. Principal Place of Business - No P.O. Box #

4265 Quechua Rd.

Suite, Apt. #, etc.

3. Mailing Address

4265 Quechua Road.

Suite, Apt. #, etc.

40089400



04202007

Chg-P

CR2E034 (12/06)

City & State

Cocoa, Florida.

City & State

Cocoa, Florida

4. FEI Number

59-3537632

Applied For

Not Applicable

Zip

32927

Country

USA

Zip

32927

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FERRARO, CARMINE
3740 CUTRIS BLVD 108
PORT ST JOHN, FL 32927**

7. Name and Address of New Registered Agent

Name **Ferraro, Carmine**

Street Address (P.O. Box Number is Not Acceptable)
4265 Quechua Road

City **PORT ST JOHN**

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Carmine Ferraro

4/25/2007

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **FERRARO, CARMINE**
STREET ADDRESS **3740 CURTIS BLVD 108**
CITY-ST-ZIP **PORT ST JOHN, FL 32927**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4265 Quechua Road**
CITY-ST-ZIP **PORT ST JOHN, FL 32927**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

President

CARMINE FERRARO 4/25/07

Date

Daytime Phone #

321-433-0274