2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 28, 2006 08:00 AM Secretary of State

DOCUMENT # P98000096128 1. Entity Name CCI OF SOUTHSIDE, INC.									
Principal Place of Business Mailing Address					7				
4409 SOUTHSIDE BLVD 1371 PALMETTO PAI IACKSONVILLE, FL 32216 US BOCA RATON, FL 33			RK RÕ 3486 l	rs	A CHARLITANAL MAR A	DIN MUNISTAN BUMA COM)	######################################)
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262006	Chg-P	CRZE034	(11/05)		
City & State		City & State		4, FEI Number 59-3544	805		<u> </u>	opiled For ot Applicable	
Zip	Country	Zip	Country		5. Certificate o	f Status Desired		3.75 Add e Regulres	
	f. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New R			
SIECEL A	147			Name					
SIEGEL, NAT 1371 PALMETTO PARK RD BOCA RATON, FL 33486			¥ Ģ	Street Address	(P.D. Bax Number	is Not Acceptable)}		
}	·			<u> </u>				Zip Code	
ļ		····		City			FL		
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, appeal or printed nerter of registered agent and title it applicable. (\$5075: Registered Agent signature required when reinstating) DATE									
FILE NOWIN FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be									
Arter May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. L. Added to Fees							-		
10.	OFFICERS AND DIRECTORS				ADDITIONS/C	HANGES TO OFF			
NAME	P COJENTINO, JAMES A	Delete .	TATE NAM				i.] Change	☐ Addition
STREET ADDRESS	4229 GENEIRE STREET			EET ADDRESS					
CATY-ST-ZAP	CHEEKTOWAGA, NY 14225		crry	r-ST- <i>ZT</i> P					
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STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					
12. I hereby o	certify that the information supplied will	h this filing does not qualify	for the ex	emptions contains	ed in Chapter 119,	Florida Statutes. I	further certify	that the ir	Mormation
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under dath; that is an an officer or director of the compression of the prepiete or trusted emotivered to execute the control of the CDP. Florida Statutes, and that my name access in Block 10 or Block 11 if									
changed, or on an attachment with an address, with all other like empowered.									