2005 FOR PROFIT CORPORATION

FILED May 02, 2005 8:00 am

ANNUAL REPORT				Secretary of State		
DOCUMENT # P99000032342 1. Entity Name CCI OF ST. AUGUSTINE, INC.						90393 036 ***150.00
Principal Place of Business Mailing A 318 STATE ROAD 312 7634 N SAINT AUGUSTINE, FL 32086 BOCA R		Mailing Address 7634 NW 67H AVE. 1371 BOCA RATON, FL -33487-3	Palmett 13486	PARK RR		4012715
C	OO NOT WRITE	CE	01112005 4. FEI Numb 58-246	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
SIEGEL, N 7634 NW (BOCA RA	6. Name and Address of Current Re NAT STHAVE 1371 PAIW TON, FL 88487 33486	DO NOT WRITE IN THIS SPACE				
8. The above the obligat SIGNATURE_	named entity, submits this diatement for the consol registered agent. Signs: Maked or printed name of registered agent and	ed office or register		h, in the State of Flori	ida. I am familiar with, and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 OFFICERS AND DI	ncing \$5.	.00 May Be ed to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COJENTINO, JAMES A 4225 GENESEE STREET BUFFALO, NY 14225					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				_	NOT WI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ME IN INIS SPACE REET ADDRESS					ACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADORESS CITY-ST-ZIP						

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:

4/15/05 561-362-5514 Date Daytime Phone #