

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90291 034 ***150.00

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DOCUMENT # P99000072746 1. Entity Name C.C. DESTINATIONS, CORP.					
Principal Place of Business 9600 N.W. 25 STREET SUITE 4C MIAMI, FL 33172 US			Mailing Address 9600 N.W. 25 STREET SUITE 4C MIAMI, FL 33172 US		
2. Principal Place of Business 168 SE 1ST STREET Suite, Apt. #, etc. SUITE 502		3. Mailing Address 15018 SW 141 CT Suite, Apt. #, etc.			
City & State MIAMI - FL		City & State MIAMI - FL			
Zip 33131		Country DADE		Zip 33186	
Country DADE		4. FEI Number 65-0941015			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CATANESE, RUBEN 9551 FONTAINBLEAU BLVD. APT. 304 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name RUBEN CATANESE Street Address (P.O. Box Number is Not Acceptable) 15018 SW 141 CT City MIA FL Zip Code 33186		
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. <i>Rubén Catanesé</i> SIGNATURE _____ DATE 4-14-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CATANESE, RUBEN 9551 FONTAINBLEAU BLVD. APT. 304 MIAMI, FL 33172 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RUBEN CATANESE 15018 SW 141 CT MIA - FL - 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SERRALTA, CYNTHIA K 9551 FONTAINBLEAU BLVD. APT. 304 MIAMI, FL 33172 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD CYNTHIA K SERRALTA 15018 SW 141 CT MIA - FL - 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 information.					
SIGNATURE: <i>Rubén Catanesé</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-14-04 (305) 282-1619 <small>Daytime Phone #</small>		