2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N08000002546

Entity Name: CCES PTO, INC.

FILED
Jul 17, 2017
Secretary of State
CC8452593582

Current Principal Place of Business:

5080 SW 92ND AVE. COOPER CITY. FL 33328

Current Mailing Address:

5080 SW 92ND AVE.

COOPER CITY, FL 33328

FEI Number: 26-3108701 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BATLLE, CHARLENE 5080 SW 92ND AVE. COOPER CITY, FL 33328 US

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.

SIGNATURE: CHARLENE BATLLE 07/17/2017

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** Name ANNAMARIA, ALSTON Name TORRES, KAREN 5080 SW 92ND AVENUE 5080 SW 92ND AVE. Address Address City-State-Zip: COOPER CITY FL 33328 City-State-Zip: COOPER CITY FL 33328

Title PRESIDENT Title SECRETARY

NameSELVAGGIO-PORRO, MARLEANameARGUINZONI, JENNYAddress5080 SW 92ND AVE.Address5080 SW 92ND AVE.City-State-Zip:COOPER CITY FL 33328City-State-Zip: COOPER CITY FL 33328

Title SECRETARY Title VP

NameBATLLE, CHARLENENameKAPROW, IVYAddress5080 SW 92 AVEAddress5080 SW 92 AVE

City-State-Zip: COOPER CITY FL 33328 City-State-Zip: COOPER CITY FL 33328

Title PARLIAMENTARIAN
Name KAPROW, MARC
Address 5080 SW 92 AVE

City-State-Zip: COOPER CITY FL 33328

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLENE BATLLE SECRETARY 07/17/2017

Electronic Signature of Signing Officer/Director Detail

Date