2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/7/2

FILED
Jun 17, 2004 8:00 am
Secretary of State
05-07-2004 90120 036 ***150.00

DOCUMENT # G11771

1. Entity Name
C.R. INT'L ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4060 NW 29 STREET MIAMI, FL 33142	PO BOX 520337 MIAMI, FL 33152

04052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8725 N.W. 18 Terr	8725 N.W. 18 Terr
Suite, Apt. #, etc.: Suite 402	Suite, Apt. #, etc.: Suite 402
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33172 Country: USA	Zip: 33172 Country: USA

4. FEI Number: 59-2240957 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SORIANO, ROBERTO 4060 NW 29 STREET MIAMI, FL 33142	Name: William Brown Street Address (P.O. Box Number Is Not Acceptable): 777 Brickell Avenue Suite 1114 City: Miami FL Zip Code: 33131

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 _____ 4/30/04 6/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD SORIANO, ROBERTO 4060 NW 29 STREET MIAMI, FL 33142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CRAVENS, JOHN 4060 NW 29 STREET MIAMI, FL 33142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ZAMORA, MARIO 4060 NW 29 STREET MIAMI, FL 33142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MONGE, FRANCISCO 4060 NW 29 STREET MIAMI, FL 33142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 like empowered.

x720

SIGNATURE: _____ 4/30/04 (305) 871-1587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #