

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G11771

FILED
Apr 22, 2005
Secretary of State

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

Current Principal Place of Business:

8725 B.W. 18 TERR
SUITE 402
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

8725 B.W. 18 TERR
SUITE 402
MIAMI, FL 33172

New Mailing Address:

FEI Number: 59-2240957 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, WILLIAM
777 BRICKELL AVENUE
SUITE 1114
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SORIANO, ROBERTO
Address: 4060 NW 29 STREET
City-St-Zip: MIAMI, FL 33142

Title: SD () Delete
Name: CRAVENS, JOHN
Address: 4060 NW 29 STREET
City-St-Zip: MIAMI, FL 33142

Title: VPD () Delete
Name: ZAMORA, MARIO
Address: 4060 NW 29 STREET
City-St-Zip: MIAMI, FL 33142

Title: TD () Delete
Name: MONGE, FRANCISCO
Address: 4060 NW 29 STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO SORIANO

P

04/22/2005

Electronic Signature of Signing Officer or Director

_____ Date