


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 28, 2004 8:00 am**  
**Secretary of State**

07-28-2004 90022 007 \*\*\*158.75

**DOCUMENT # P03000042914**

1. Entity Name  
**CRNT - I, INC.**



Principal Place of Business  
**C/O STEVEN L. DANIELS, ESQ. ARNSTEIN & LEHR  
 515 N FLAGLER DR, 6 FLOOR  
 W PALM BCH, FL 33401**

Mailing Address  
**C/O STEVEN L. DANIELS, ESQ. ARNSTEIN & LEHR  
 515 N FLAGLER DR, 6 FLOOR  
 W PALM BCH, FL 33401**

**44050244**



2. Principal Place of Business  
**Allstate Inc.**

3. Mailing Address  
**2900 NW Commerce Park Drive**

Suite, Apt. #, etc.  
**2900 NW Commerce PkD #1**

City & State  
**Boynton Beach FL**

Zip  
**33426**

Country  
**USA**

07202004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1194763**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DANIELS, STEVEN L  
 515 N FLAGLER DR 6 FLR  
 W PALM BCH, FL 33401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOLIMINE, NICHOLAS A JR	
STREET ADDRESS	4730 NW 2 AVE STE 100	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BIACCIA, THEODORE P	
STREET ADDRESS	4730 NW 2 AVE STE 100	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jimmy B. Frite	
STREET ADDRESS	953 Brookdale Drive	
CITY-ST-ZIP	Boynton Beach FL 33435	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marsha Frite	
STREET ADDRESS	953 Brookdale Drive	
CITY-ST-ZIP	Boynton Beach FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  **7/26/04** **561493455**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #