2008 FOR PROFIT CORPORATION ANNUAL REPORT

1/30/2008-90032-017-$150.00-$150.00

FILED

2008 MAR -6 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40013760

01212008 Chg-P CR2E034 (12/06)

DOCUMENT # P07000034244

1. Entity Name
C.R.C. COMMUNICATIONS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9958 S.W. 88TH STREET #514 MIAMI, FL 33176	9958 S.W. 88TH STREET #514 MIAMI, FL 33176

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1511 Cortez Street	1511 Cortez Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables FL	City & State: Coral Gables FL
Zip: 33134 Country: USA	Zip: 33134 Country: U.S.A.

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAREAGA, VICTOR A ESQ.
150 ALHAMBRA CIRCLE
STE 1100
CORAL GABLES, FL 33134

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 ______________________________
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, 2008 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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: President NAME: Marlen Piraquive STREET ADDRESS: 1511 Cortez Street CITY-ST-ZIP: Coral Gables FL 33134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ⊗ Marlen Piraquive
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/10 AP