FILED Mar 12, 2007 8:00 am Secretary of State 02-20-2007 90056 047 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000037456 1. Entity Name CRESPO & CUADRADO INC.								
Principal Plac	e of Business	Mailing Address			1			
160 NW 176 STREET		160 NW 176 STREET	160 NW 176 STREET					
SUITE 307		SUITE 307						
MIAMI, FL 33169 MIAMI, FL 33169					DESCRIPTION OF THE OWN OFFI	arnı 18m edigə ili	II IGGII GITE) EKIL E	71.520 (1 () 21
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, stc.		Suite, Apt. #, etc.			02132007 Chg-P	CR2	E034 (12/06)	
City & State		City & State			4. FEI Number 06 - 1771.	167) - + ·	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required Fee Required			
	5. Name and Address of C	urrent Registered Agent	1 1		7. Name and Address of	New Renisters		<u> </u>
	C. Halle and Accress 5. C	Pitolit toffician Danie	- -	Name	7. Halla alla Addiesa 01	ten velisiere	io Agent	
CRESPO, ANGEL				Street Address (P.O. Box Number is Not Acceptable)				
160 NW 17 SUITE 307	76 STREET		Street Address (P.O. Box Number is Not Acci	eptable)			
MIAMI, FL 33169								٠.
, , , , , , , , , , , , , , , , , , , ,				City			Zip Cod	e
- 4						F	<u> </u>	
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 line if applicable (NOTE Registered Agent signature required when rematuring) DATE								
		<u> </u>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. On Added to Fees								
10.	OFFICER	S AND DIRECTORS	11.		ADDITIONS/CHANGES T	O OFFICERS A	NO DIRECTOR:	\$ IN 11
TITLE	D	Delgte	TITLE NAME	ł			Change	Addition
NAME STREET ADDRESS				SZIROCA				
CITY-ST-ZIP	MIAMI, FL 33169	,	CITY-ST-					
TITLE	D	☐ Delete	OfLE		· · · · · · · · · · · · · · · · · · ·	~ ~~~	☐ Change	Addition
NAME	CRESPO, MAGDALENA		NAME				_ ,	_
STREET ADDRESS				SZAGO				١
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-	- <i>L</i> DP				
TITLE NAME		Delete	TITLE				☐ Change	Addition
STREET ADDRESS			STREET A	ADDRESS				
CITY-ST-ZIP			CITY-ST	- ZIP				
TITLE		Delate	IITLE			-	Change	Addition
NAME			NAME STREET A	2200666				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-					
TITLE	<u> </u>	Delate	MILE				☐ Change	Addition
NAME			NAME					
STREET ADDRESS			STREE! A					
CITY-ST-ZIP			CITY-ST-	· 71P				
IIILE		☐ Delete	HILE				☐ Change	Addition
STREET ADOPESS			HAME Street a	NOORESS.				
CITY-ST-ZIP	İ		CITY-ST-	1				
12. i hereby	1	ied with this filing does not qualify for	or the exemp	ptions contained	I in Chapter 119, Florida Stat	utes. I turther c	ertify that the ir	nlormation
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 cath, 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 110 or Block								
changed, or on an attachment with an address, with all other title empowered.								
CICALAT	TIPE Manil	I. Wallet			2-113-1	1		
SIGNATURE:								