I hereby 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 all other like empowered.

MANAGER

SIGNATURE: PAOLA I	MORI

Electronic Signature of Signing Officer/Director Detail

MORI, PAOLA		
712 CREST PINES I	DRIVE	
APT 311		
ORLANDO, FL 328	28 US	
,		

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.

	The above harned e	entity submits this statement for the purpose of changing its registe	ered agent, or both, in the State of Fior	iua.		
	SIGNATURE:	GNATURE: PAOLA MORI			06/29/2020	
		Electronic Signature of Registered Agent			Date	
Officer/Director Detail :						
	Title	MANAGER	Title	MANAGER		
	Name	SILVA, RAFAEL OLVERA	Name	MORI , PAOLA		
	Address	11220 W LOOP N 1604 N BUILDING 5	Address	712 CREST PINES DRIVE APT 311		
	City-State-Zip:	SAN ANTONIO TX 78254	City-State-Zip:	ORLANDO FL 32828		

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000030801

Entity Name: CREST 1123 CORP.

Current Principal Place of Business:

712 CREST PINES DRIVE APT 311 ORLANDO, FL 32828

Current Mailing Address:

712 CREST PINES DRIVE APT 311 ORLANDO, FL 32828 US

FEI Number: 45-1259116

MORI, PAOLA

Name and Address of Current Registered Agent:

FILED Jun 29, 2020 Secretary of State 9060148574CC

Certificate of Status Desired: No

06/29/2020 Date