


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # F17477

1. Entity Name
CREVILL, INC.



Principal Place of Business Mailing Address

**209 W 21 ST.
HIALEAH, FL 33010** **209 W 21 ST.
HIALEAH, FL 33010**



03202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2068861 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SEMPERE, MIGUEL A
209 W 21 ST.
HIALEAH, FL 33010**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

DATE: 05/06/08-80013-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEMPERE, MIGUEL A 209 WEST 21 STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SEMPERE, MERCEDES O 209 WEST 21 STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEMPERE, JAIME 209 WEST 21 STREET HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, CAROLINA S 209 WEST 21 ST HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #