


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G62909</b> 1. Entity Name <b>CREWS FOR NEWS, INC.</b>		
Principal Place of Business <b>10131 SW139TH ST MAM, FL 33176</b>	Mailing Address <b>10131 SW139TH ST MAM, FL 33176</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		



04202006 No Chg-P CR2E034 (11/05)  
4. FEI Number  
**59-2339142** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>KUPERMAN, MARC A. 7695 SW 104TH ST SUITE 210 MIAMI, FL 33156</b>
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**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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS REINHARD, IRVIN 10131 SW 139 ST MIAMI, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REINHARD, NANCY 10131 SW 139 ST MIAMI, FL
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1100000542656  
05/10/06-80104-023 150.00

**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:** Nancy A Reinhard  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06 305-253-7446  
Date Daytime Phone #