



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90041 021 ***158.75

DOCUMENT # L66074 1. Entity Name COMMUNITY REDEVELOPMENT ASSOCIATES OF FLORIDA, INC.						
Principal Place of Business 8527 PINES BLVD 105 PEMBROKE PINES, FL 33024			Mailing Address 8527 PINES BLVD 105 PEMBROKE PINES, FL 33024			
2. Principal Place of Business - No P.O. Box # 8569 PINES BLVD.		3. Mailing Address 8569 PINES BLVD.				
Suite, Apt. #, etc. #201		Suite, Apt. #, etc. #201				
City & State PEMBROKE PINES FL		City & State PEMBROKE PINES FL				
Zip 33024		Country USA		4. FEI Number 65-0216617		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable				
6. Name and Address of Current Registered Agent LARSEN, MARTIN R 8527 PINES BLVD SUITE 105 PEMBROKE PINES, FL 33024			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8569 PINES BLVD. SUITE 201 City PEMBROKE PINES FL Zip Code 33024			
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: <u><i>M. Larsen</i></u> MARTIN LARSEN DATE: 4/21/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD LARSEN, MARTIN R 304 SW 85 TERRACE #105 PEMBROKE PINES, FL 33025		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 304 SW 85 TERRACE #310	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AZEBOEKHAI, ANDREW 7630 NW 11 PLACE PLANTATION, FL 33322		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD JOHNSON, EARLY 1490 S.W. 6TH AVE. DEERFIELD BEACH, FL		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4429 NW 41ST PLACE COCONUT CREEK, FL 33073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>M. Larsen</i></u> MARTIN LARSEN DATE: 4/21/08 DAYTIME PHONE: 954-431-7866 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						