

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66074

FILED  
Jan 14, 2010  
Secretary of State

**Entity Name:** COMMUNITY REDEVELOPMENT ASSOCIATES OF FLORIDA, INC.

**Current Principal Place of Business:**

8569 PINES BLVD.  
#201  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

8569 PINES BLVD.  
#201  
HOLLYWOOD, FL 33024

**New Mailing Address:**

**FEI Number:** 65-0216617      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LARSEN, MARTIN R  
8569 PINES BLVD.  
SUITE 201  
HOLLYWOOD, FL 33024 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** CPD  
**Name:** LARSEN, MARTIN R  
**Address:** 2261 DOGWOOD CT.  
**City-St-Zip:** PEMBROKE PINES, FL 33026

**Title:** VD  
**Name:** AZEBEOKHAI, ANDREW  
**Address:** 7630 NW 11 PLACE  
**City-St-Zip:** PLANTATION, FL 33322

**Title:** VSTD  
**Name:** JOHNSON, EARLY  
**Address:** 4429 NW 41 ST. PLACE  
**City-St-Zip:** COCONUT CREEK, FL 33073

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.

SIGNATURE: MARTIN LARSEN

PRES

01/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date