

FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # **M86357**

1. Entity Name

Crown Investment II, Inc



11 JUN -1 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

99 SW 7 Street

3. Mailing Address

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Miami FL

City & State

4. FEI Number

65-0067365

Applied For

Not Applicable

Zip

33130

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jorge A. Ortega

Street Address (P.O. Box Number is Not Acceptable)

3538 Crystal Ct

City

Coconut Grove

FL

Zip Code

33133

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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

Jorge A. Ortega

5/10/11

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**DP
Jorge A. Ortega
99 SW 7 Street # B
Miami FL 33130**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**DVP
Roberto Ortega
99 SW 7 Street # B
Miami FL 33130**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Jorge Ortega

5/10/11

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

305-377-0390 x232

700207314397
05/06/11-01011-014 **150.00

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