## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N39898

Entity Name: CREW-MIAMI, INC.

FILED Apr 28, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1428 BRICKELL AVENUE 5805 BLUE LAGOON DRIVE

SUITE 302 SUITE 480

MIAMI, FL 33131 US MIAMI, FL 33126 US

Current Mailing Address: New Mailing Address:

1428 BRICKELL AVENUE 5805 BLUE LAGOON DRIVE SUITE 302 SUITE 480

MIAMI, FL 33131 US MIAMI, FL 33126 US

FEI Number: 65-0220883 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LINARES, DANET

1428 BRICKELL AVENUE

SUITE 302

MIAMI, FL 33131 US

CABELLO, SONIA

5805 BLUE LAGOON DRIVE

SUITE 480

MIAMI, FL 33126 US

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: SONIA CABELLO 04/28/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DT

Name: CABELLO, SONIA

Address: 5805 BLUE LAGOON DRIVE, SUITE 480 City-St-Zip: CORAL GABLES, FL 33126 US

Title: D

Name: AMADUCCI-ADAMS, SUZANNE Address: 1450 BRICKELL AVENUE. SUITE 2300

City-St-Zip: MIAMI, FL 33131 US

Title: DS

Name: ACOSTA, TANYA

Address: ONE ALHAMBRA PLAZA, PENTHOUSE City-St-Zip: CORAL GABLES, FL 33134 US

Title: DP

 Name:
 FERNANDEZ, LYDIA A

 Address:
 2720 CORAL WAY

 City-St-Zip:
 MIAMI, FL 33145 US

Title: D

Name: JUNCADELLA, MARIA

Address: 6705 RED ROAD, PENTHOUSE 602

City-St-Zip: MIAMI, FL 33143 US

Title: D

Name: ARGAMASILLA, KARYL

Address: 1450 BRICKELL AVENUE, SUITE 2300 City-St-Zip: CORAL GABLES, FL 33131 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KARYL ARGAMASILLA D 04/28/2011