

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39898

FILED
Jul 03, 2012
Secretary of State

Entity Name: CREW-MIAMI, INC.

Current Principal Place of Business:

5805 BLUE LAGOON DRIVE
SUITE 480
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

5805 BLUE LAGOON DRIVE
SUITE 480
MIAMI, FL 33126 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

CABELLO, SONIA
5805 BLUE LAGOON DRIVE
SUITE 480
MIAMI, FL 33126 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

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: DP
Name: JUNCADILLA, MARIA
Address: 6705 RED ROAD, PENTHOUSE 602
City-St-Zip: MIAMI, FL 33143 US

Title: D
Name: FERNANDEZ, LYDIA A
Address: 2720 CORAL WAY
City-St-Zip: MIAMI, FL 33145 US

Title: D
Name: NEE, MARGARET
Address: 3225 AVIATION AVENUE, SUITE 301
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

07/03/2012

Electronic Signature of Signing Officer or Director

_____ Date