

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90052 037 \*\*\*150.00

<b>DOCUMENT # P00000047871</b>					
<b>1. Entity Name</b> CRALEX, INC.					
<b>Principal Place of Business</b> 9765 RIVERSIDE DR CORAL SPRINGS, FL 33071			<b>Mailing Address</b> 9765 RIVERSIDE DR CORAL SPRINGS, FL 33071		
<b>2. Principal Place of Business</b> 370 NW 115 Way Suite, Apt. #, etc.			<b>3. Mailing Address</b> 370 NW 115 Way Suite, Apt. #, etc.		
<b>City &amp; State</b> Coral Springs FL		<b>City &amp; State</b> Coral Springs FL		<b>4. FEI Number</b> 65-1007657	
<b>Zip</b> 33071		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ROSENBERG, MALCOLM 9765 RIVERSIDE DR CORAL SPRINGS, FL 33071			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number Is Not Acceptable): 370 NW 115 Way City: Coral Springs FL Zip Code: 33071		
<b>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.</b> SIGNATURE: <u>Malcolm Rosenberg</u> DATE: <u>3/14/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11...</b>		
TITLE: D NAME: ROSENBERG, MALCOLM STREET ADDRESS: 9765 RIVERSIDE DR CITY-ST-ZIP: CORAL SPRINGS, FL 33071			TITLE: _____ NAME: _____ STREET ADDRESS: 370 NW 115 Way CITY-ST-ZIP: Coral Springs FL 33071		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____			TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>					
SIGNATURE: <u>Malcolm Rosenberg</u> DATE: <u>3/14/04</u> ID: <u>954-753-5915</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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