

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90151 031 ***158.75

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DOCUMENT # P00000106963

1. Entity Name
CROWN 21 INVESTMENTS, INC.



Principal Place of Business
**849 TANGLEWOOD CIRCLE
WESTON FL 33327**

Mailing Address
**849 TANGLEWOOD CIRCLE
WESTON FL 33327**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1058335

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORONA, LUIS
849 TANGLEWOOD CIRCLE
WESTON FL 33327**

Name

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

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CORONA, RIVERA F	
STREET ADDRESS	849 TANGLEWOOD CIRCLE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	V	<input type="checkbox"/> Delete
NAME	PARRA, HAIR	
STREET ADDRESS	17363 SW 19TH STREET	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	S	<input type="checkbox"/> Delete
NAME	BETANCOURT, ROMAN	
STREET ADDRESS	905 NANDINA DR	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEBETANCOURT, MAIGUALIDA M	
STREET ADDRESS	905 NANDINA DR	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORALES, MIRIAM	
STREET ADDRESS	905 NANDINA DR	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	D	<input type="checkbox"/> Delete
NAME	CORONA, FELIPE	
STREET ADDRESS	17110 SW 36TH COURT	
CITY-ST-ZIP	MIRAMAR FL 33027	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRA, HAIR	
STREET ADDRESS	17363 SW 19TH ST	
CITY-ST-ZIP	MIRAMAR, FL. 33029	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORONA, LUIS	
STREET ADDRESS	849 TANGLEWOOD CIR.	
CITY-ST-ZIP	WESTON, FL. 33327	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETANCOURT, ROMAN	
STREET ADDRESS	905 NANDINA DR.	
CITY-ST-ZIP	WESTON, FL. 33327	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHIAVO, GIOVANNA	
STREET ADDRESS	905 NANDINA DR.	
CITY-ST-ZIP	WESTON, FL. 33327	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORONA, FELIPE	
STREET ADDRESS	17110 SW 36TH COURT	
CITY-ST-ZIP	MIRAMAR, FL. 33027	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETANCOURT, MAIGUALIDA M.	
STREET ADDRESS	905 NANDINA DR.	
CITY-ST-ZIP	WESTON, FL. 33327	

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.

SIGNATURE: **Luis CORONA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/03
Date

(954)
385.95.71
Daytime Phone #

CR2E034 (10/02)