2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 08:00 AM Secretary of State

| DOCUMENT # P01000016402 1. Entity Name C.R.A. ENTERPRISES, INC. | | | | Secretary of State |
|---|-----------------------------------|--|--|---|
| Principal Plac 8301 CORAL MIAMI, FL 3 | _ WAY | ailing Address 3301 CORAL WAY AIAMI, FL 33155 | | |
| DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent | | | | 01042005 No Chg-P CR2E034 (10/03) 4. FEI Number |
| GONZALEZ, CARLOS R 6685 SW 94TH ST. MIAMI, FL 33156 | | | | DO NOT WRITE IN THIS SPACE |
| 8. The above named entify 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 Signature, typed or printed name of registered agent and file if applicable (NOTE, Registered Agent signature required when reinstating) DATE | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | |
| 10. | OFFICERS AND DIREC | CTORS | | |
| TITLE NAME | PD GONZALEZ, CARLOS R | | | |
| STREET ADDRESS CITY-ST-ZIP | 8301 CORAL WAY MIAMI, FL 33155 | | | 11000001219722 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Average of the country of the countr | <u>U00000319733</u> -04/21/05-80009-017 150.00 |
| TITLE NAME | | AS 2 | | |
| STREET ADDRESS CITY-ST-ZIP | | | | DO NOT WRITE |
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| TITLE NAME STREET ADDRESS CITY+ST-ZIP | | PERMIT | | |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes 1 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: SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | |