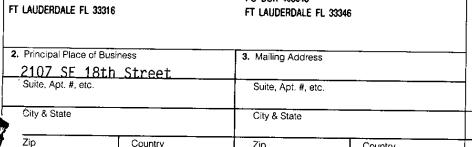
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90407 009 ***150.00

1. Entity Name MY CREW, INC.	P01000027572	
Principal Place of Business 2107 SE 18TH PLACE	Mailing Address PO BOX 460640	· _ l



Zip



FEI Number 06-1612679			Applied For
00-1012079			Not Applicab
Certificate of Status Desired		Fee	.75 Additional Required
Name and Address of New Rec	jistered	l Agei	nt - ·
Box Number is Not Acceptable) 8th Street			-

TAFOYA, MARY E
2107 SE 118TH STREET
FT LAUDERDALE FL 33316
,

Street Address (P.C 2107 SF City

Trust Fund Contribution.

8. The above named entity submits this stagement 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 agen

Country

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

FILE NOW!!! FEE IS \$150.00

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing \$5.00 May Be Added to Fees

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

10.	D. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
	PD Tafoya, Mary E 2107 SE 118TH Street Fort Lauderdale FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2107 SE 18th Street	X Change	Addition		
STREET ADDRESS	SD TAFOYA, CRAIG A 2107 SE 118TH STREET FORT LAUDERDALE FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2107 SE 18th Street	Change	☐ Addition		
STREET ADDRESS	IT STALLARD, GARY J 62 DEL-JO DRIVE SEEKONK MA 02771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition		
TITLE NAME		☐ Delete	TITLE		☐ Change	Addition		

STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE

☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME

CITY-ST-ZIP 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

STREET ADDRESS

SIGNATURE