

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000032231

Entity Name: CROWN INSURANCE, INC.

FILED
Apr 08, 2004
Secretary of State

Current Principal Place of Business:

64 WEST 49TH STREET
HIALEAH, FL 33012

New Principal Place of Business:

6129 STIRLING RD
DAVIE, FL 33314 US

Current Mailing Address:

64 WEST 49TH STREET
HIALEAH, FL 33012

New Mailing Address:

6129 STIRLING RD
DAVIE, FL 33314

FEI Number: 65-1089917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTES, ALIX J ESQ.
775 NE 79TH STREET
SUITE A
MIAMI, FL 33138 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RODRIGUEZ, RAMON LEONARDO
Address: 16003 NE 2ND AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: VPSD () Delete
Name: DE JESUS RODRIGUEZ, RAMON
Address: 16003 NE 2ND AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON L RODRIGUEZ

PD

04/08/2004

Electronic Signature of Signing Officer or Director

Date