

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91891 021 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000038151

1. Entity Name
C.R.K. MIAMI, INC.



Principal Place of Business
 900 W 49TH ST., STE 524
 HIALEAH, FL 33012

Mailing Address
 900 W 49TH ST., STE 524
 HIALEAH, FL 33012

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1120027** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MASSAD, JENNY
 900 W 49TH ST., #524
 HIALEAH, FL 33012

7. Name and Address of New Registered Agent
 Name **ARMAUNDO OTALORA C.**
 Street Address (P.O. Box Number is Not Acceptable)
944 Golden Cane Dr.
 City **Weston** FL Zip Code **33327**

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 *Armando Otalora C.* DATE **4-29-03**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when filing.)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CASTANEDA, ARMAUNDO O 455 S PINE ISLAND APT 402 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. CASTANEDA, ARMAUNDO O. 944 Golden Cane Dr. Weston FL 33327. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ORREGO, MARIA T 455 S PINE ISLAND APT 402 PLANTATION, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ORREGO, MARIAT. 944 Golden Cane Dr Weston, FL 33327. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Armando Otalora C.* DATE: **4-29-03** DAYTIME PHONE: **954-446-6870**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

cel. 954.274.6106

CR2E034 (10/02)