

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

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90353 020 ***150.00

DOCUMENT # *P01000069675*

1. Entity Name

CROWN DESIGNERS INSPIRATIONS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1396 NE 125 STREET

3. Mailing Address

19390 DOWNS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 607

City & State

NORTH MIAMI - FLORIDA

City & State

SUNNY ISLES - FLORIDA

Zip

33161

Country

USA

Zip

33160

Country

USA

4. FEI Number

65-1124084

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

NESTOR FABIAN AYALA

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

19390 DOWNS AVE - SUITE 607

City

SUNNY ISLES

FL

Zip Code

33160

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

[Signature]

NESTOR FABIAN AYALA / PRESIDENT

04.14.04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	<i>PRESIDENT</i>
NAME	<i>NESTOR FABIAN AYALA</i>
STREET ADDRESS	<i>19390 DOWNS AVE - SUITE 607</i>
CITY - ST - ZIP	<i>SUNNY ISLES - FLORIDA - 33160</i>
TITLE	<i>VICE-PRESIDENT</i>
NAME	<i>RICHARD WILLIAM DVENAS</i>
STREET ADDRESS	<i>1396 NE 125 STREET</i>
CITY - ST - ZIP	<i>NORTH MIAMI - FLORIDA - 33161</i>
TITLE	<i>---</i>
NAME	<i>---</i>
STREET ADDRESS	<i>---</i>
CITY - ST - ZIP	<i>---</i>
TITLE	<i>---</i>
NAME	<i>---</i>
STREET ADDRESS	<i>---</i>
CITY - ST - ZIP	<i>---</i>
TITLE	<i>---</i>
NAME	<i>---</i>
STREET ADDRESS	<i>---</i>
CITY - ST - ZIP	<i>---</i>

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

NESTOR FABIAN AYALA / PRESIDENT

04.14.04

3049374384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)