

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90028 005 \*\*\*158.75

DOCUMENT # P01000112201

1. Entity Name

CROWN REAL ESTATE MANAGEMENT GROUP, INC.



Principal Place of Business

4901 N. FED. HWY  
SUITE 100  
FT. LAUDERDALE FL 33308

Mailing Address

8809 BALLY BUNION ROAD  
PT. ST. LUCIE FL 34986



2. Principal Place of Business - No P.O. Box #

4901 N. FED. HWY  
Suite #, etc.  
SUITE 100

3. Mailing Address

8809 Bally Bunion Rd  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

FT. LAUDERDALE FL

City & State

PT. ST. LUCIE, FL

4. FEI Number

80-0019861

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CICCHESE, AL  
8809 BALLY BUNION ROAD  
PT. ST. LUCIE FL 34986

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**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: P  
NAME: CICCHESE, AL  
STREET ADDRESS: 8809 BALLY BUNION ROAD  
CITY ST ZIP: PT. ST. LUCIE FL 34986 ☐ Delete

TITLE: SEC  
NAME: CICCHESE, ALICE  
STREET ADDRESS: 8809 BALLY BUNION RD  
CITY ST ZIP: PORT SAINT LUCIE FL 34986 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY ST ZIP: ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY ST ZIP: ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY ST ZIP: ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY ST ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY ST ZIP: ☐ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY ST ZIP: ☐ Change ☐ Addition

TITLE:   
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TITLE:   
NAME:   
STREET ADDRESS:   
CITY ST ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AL Cicchese

7-22-07

954-253-8338