2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# P01000113657

Entity Name: CRESPI HOLDINGS, INC.

Current Principal Place of Business:

19120 NORTH BAY RD
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

19120 NORTH BAY RD
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 65-1157570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CRESPI, JUAN A
19120 NORTH BAY RD
SUNNY ISLES BEACH, FL 33160 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: CRESPI, JUAN A
Address: 19120 NORTH BAY RD
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VD ( ) Delete
Name: CRESPI, ALEJANDRO
Address: 19731 N.E. 21 CT.
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: SD ( ) Delete
Name: TORRENS, AILEEN
Address: 12850 CYPRUS RD.
City-St-Zip: NORTH MIAMI, FL 33181

Title: T ( ) Delete
Name: CRESPI, MARGARITA
Address: 19120 N BAY RD
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated in Chapter 119, 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: JUAN A. CRESPI PRES 01/08/2008

Electronic Signature of Signing Officer or Director — Date