

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000113657

Entity Name: CRESPI HOLDINGS, INC.

FILED  
Jun 04, 2009  
Secretary of State

## 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PD

06/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date