


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000036678 1. Entity Name SEACOAST CREW CORP.	
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Principal Place of Business 5101 COLLINS AVE MIAMI BEACH, FL 33130	Mailing Address C/O STUART J HAFT ESQ 321 ROYAL POINCIANA PL PALM BEACH, FL 33480
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**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3632762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAFT, STUART J ESQ  
C/O ALLEY MAASS ROGERS & LINDSAY  
321 ROYAL POINCIANA PL  
PALM BEACH, FL 33480

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MERUELO, ALEX 9550 FIRESTONE BLVD, STE 105 DOWNER, CA 90241
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MERUELO, HOMERO 5101 COLLINS AVE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/02/04-80053-004 150.00

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX MERUELO 1-26-04 862-4407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #