


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000036775
 1. Entity Name
 OUR CREW, INC.



Principal Place of Business 9301 MILLER DRIVE SUITE A MIAMI, FL 33165	Mailing Address 9301 MILLER DRIVE SUITE A MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE



03192004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0592650	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GARCIA, RAUL I DMD
 1419 MANTUA AVE
 CORAL GABLES, FL 33146

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GARCIA, RAUL I DMD 1419 MANTUA AVE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SANCHEZ-GARCIA, CONCEPCION 1419 MANTUA AVE CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAMAS, WILLIAM DMD 8235 SW 62 CT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LAMAS, ELIZABETH 8235 SW 62 CT MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/12/04-80035-006 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Date: 3/25/04 Daytime Phone #: 305-595-1616