

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036775

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: OUR CREW, INC.

**Current Principal Place of Business:**

9301 MILLER DRIVE SUITE A  
MIAMI, FL 33165

**New Principal Place of Business:**

**Current Mailing Address:**

9301 MILLER DRIVE SUITE A  
MIAMI, FL 33165

**New Mailing Address:**

FEI Number: 02-0592650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARCIA, RAUL I DMD  
1300 MENDEAVIA AVE  
CORAL GABLES, FL 33146 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: P ( ) Delete  
Name: GARCIA, RAUL I DMD  
Address: 1300 MENDEAVIA AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: S ( ) Delete  
Name: SANCHEZ-GARCIA, CONCEPCION  
Address: 1300 MENDEAVIA AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP ( ) Delete  
Name: LAMAS, WILLIAM DMD  
Address: 8235 SW 62 CT  
City-St-Zip: MIAMI, FL 33143

Title: T ( ) Delete  
Name: LAMAS, ELIZABETH  
Address: 8235 SW 62 CT  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP (X) Change ( ) Addition  
Name: LAMAS, WILLIAM DMD  
Address: 11801 SW 57 COURT  
City-St-Zip: CORAL GABLES, FL 33156

Title: T (X) Change ( ) Addition  
Name: LAMAS, ELIZABETH  
Address: 11801 S.W. 57 COURT  
City-St-Zip: CORAL GABLES, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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: RAUL I. GARCIA

P

01/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date