

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000036775

FILED
Jan 18, 2009
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: 11801 SW 57 COURT
City-St-Zip: CORAL GABLES, FL 33156

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

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: RAUL I. GARCIA, DMD

P

01/18/2009

Electronic Signature of Signing Officer or Director

_____ Date