

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90142 027 ***150.00

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|--|--|---|---|
| DOCUMENT # P02000078654 1. Entity Name THE CRF GROUP, INC. | | | |
| Principal Place of Business 1456 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH, FL 33441 | | Mailing Address 1456 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH, FL 33441 | |
| 2. Principal Place of Business - No P.O. Box # 1101 South Powerline Road Suite, Apt. #, etc. Suite 104 City & State Deerfield Beach, Florida Zip 33442 Country USA | | 3. Mailing Address 1101 South Powerline Road Suite, Apt. #, etc. Suite 104 City & State Deerfield Beach, Florida Zip 33442 Country USA | |
| 4. FEI Number 02-0633879 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BOGEN, GARY 12321 EAGLE TRACE BOULEVARD NORTH CORAL SPRINGS, FL 33071 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT BOGEN, GARY 1456 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH, FL 33441 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1101 South Powerline Road Suite 104 Deerfield beach, Florida 33442 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD BOGEN, SUSAN 1456 SOUTH FEDERAL HIGHWAY DEERFIELD BEACH, FL 33441 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1101 South Powerline Road Suite 104 Deerfield Beach, FL 33442 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: | | GARY BOGEN VPT | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 3/30/07 Daytime Phone # 954-428-7446 | |