

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000078654

1. Entity Name
THE CRF GROUP, INC.



Principal Place of Business
**1101 SOUTH POWERLINE ROAD
SUITE 104
DEERFIELD BEACH, FL 33442**

Mailing Address
**1101 SOUTH POWERLINE ROAD
SUITE 104
DEERFIELD BEACH, FL 33442**



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0633879

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BOGEN, GARY
12321 EAGLE TRACE BOULEVARD NORTH
CORAL SPRINGS, FL 33071**

**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 _____ 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, 2008 Fee will be \$550.00**

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

U000000905370
05/02/08-80003-019 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
BOGEN, GARY
1101 SOUTH POWERLINE ROAD SUITE 104
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
BOGEN, SUSAN
1101 SOUTH POWERLINE ROAD SUITE 104
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/08 954-428-7446
Date Daytime Phone #