FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90235 045 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000084939

1. Entity Name

CRG OF AMERICA, INC.

11317 N.W. 1ST STREET
MIAMI, FL 33172

11317 N.W. 1ST STREET
MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
270 S.W. 107TH AVENUE		270 S.W. 107TH AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State: MIAMI, FL	
Zip: 33174	Country: US	Zip: 33174	Country: US

4. FEI Number 11-3647444 ☐ Applied Fo ☐ Not Applic

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

6.
GONZALEZ, RAUL G.
11317 N.W. 1ST STREET
MIAMI, FL 33172

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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. Tel 305-5545828

SIGNATURE X Consuelo González CONSUELO GONZALEZ Presidente 04-29-03

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	GONZALEZ, CONSUELO	NAME	
STREET ADDRESS	11317 N.W. 1ST STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	GONZALEZ, RAUL G.	NAME	
STREET ADDRESS	11317 N.W. 1ST STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on attachment with an address, with all other like empowered.

SIGNATURE: X Consuelo González CONSUELO GONZALEZ President 04-29-03

Date Daytime Phone #

TEL 3055545828