

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000109121

1. Entity Name  
CRMC MANAGEMENT SERVICES, INC.



Principal Place of Business

9275 SW 8 TERR  
MIAMI, FL 33174

Mailing Address

9275 SW 8 TERR  
MIAMI, FL 33174



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
54-2077956

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**

RODRIGUEZ, CESAR  
9275 SW 8 TERR  
MIAMI, FL 33174

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RODRIGUEZ, CESAR
STREET ADDRESS	9275 SW 8TH TERR.
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	PD
NAME	RODRIGUEZ, RAY
STREET ADDRESS	9275 SW 8TH TERR.
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	D
NAME	RODRIGUEZ, CRISTIAN
STREET ADDRESS	9275 SW 8TH TERR.
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	STD
NAME	RODRIGUEZ, MELAA
STREET ADDRESS	9275 SW 8TH TERR.
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000166359  
07/15/04-80005-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #