


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90078 039 \*\*\*150.00

<b>DOCUMENT # P02000109121</b> 1. Entity Name- CRMC MANAGEMENT SERVICES, INC.	
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Principal Place of Business 9275 SW 8 TERR MIAMI, FL 33174	Mailing Address 9275 SW 8 TERR MIAMI, FL 33174
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**DO NOT WRITE IN THIS SPACE**

**40031512**



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-2077956	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  RODRIGUEZ, CESAR 9275 SW 8 TERR MIAMI, FL 33174
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005. Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CESAR 9275 SW 8TH TERR. MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, RAY 9275 SW 8TH TERR. MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CRISTIAN 9275 SW 8TH TERR. MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODRIGUEZ, MELAA 9275 SW 8TH TERR. MIAMI, FL 33174
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3/9/05</u> <small>Daytime Phone # _____</small>
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