

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133031

FILED  
Apr 12, 2005  
Secretary of State

**Entity Name:** CROTCHROCKETS TO BARHOPPERS, INC.

**Current Principal Place of Business:**

930A WEST PROSPECT ROAD  
OAKLAND PARK, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

11155 NW 26TH PLACE  
SUNRISE, FL 33322

**New Mailing Address:**

FEI Number: 55-0809532

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSTOS, BILL  
11155 NW 26TH PLACE  
SUNRISE, FL 33322 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: BUSTOS, BILL  
Address: 11155 NW 26TH PLACE  
City-St-Zip: SUNRISE, FL 33322

Title: ST ( ) Delete  
Name: BUSTOS, ONA L  
Address: 11155 NW 26 PLACE  
City-St-Zip: SUNRISE, FL 33322

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL BUSTOS

DPS

04/12/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date