


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000082430 1. Entity Name CRAWFORD ENTERPRISES INTERNATIONAL, INC.	
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Principal Place of Business 1000 WEST AVE. #1011 MIAMI BEACH, FL 33139	Mailing Address 1000 WEST AVE. #1011 MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



09062005 No Chg-P CR2E034 (10/03)

4. FEI Number 26-0067803	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRAWFORD, VALERIE 1000 WEST AVE. #1011 MIAMI BEACH, FL 33139
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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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PTD CRAWFORD, VALERIE P.O. BOX 39-8651 MIAMI BEACH, FL 33239
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD AYERS, AMANI P.O. BOX 39-8651 MIAMI BEACH, FL 33239
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09/07/05-80009-007 163.75

**DO NOT WRITE
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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:  **9/2/05** **305-310-4514**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # **305-576-5210**