

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/30/2007-90390-040-\$150.00-\$150.00

DOCUMENT # P03000157252 1. Entity Name CREPEMAKER OF SUNSET PLACE, INC.						FILED 07 JUN -5 PM 1:59 DEPT. OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 14365 SW 142ND STREET MIAMI FL 33186				Mailing Address 8925 S.W 148 STREET SUITE # 200 MIAMI FL 33186			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 20-2364411						☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent HOFFMAN, CHRISTOPHER OWNER 14365 SW 142 STREET MIAMI FL 33186				7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOFFMAN, CHRISTOPHER 18402 SW 87TH PLACE MIAMI FL 33157 ☐ Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 prepare 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 another like empowered.							
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 30/MAY/07 Daytime Phone # 305 233-1112			