
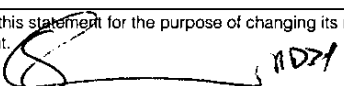
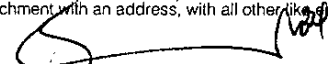


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90007 042 \*\*\*158.75

<b>DOCUMENT # P04000045238</b> 1. Entity Name <b>CREWMEN SERVICES OF FLORIDA, INC.</b>					
Principal Place of Business <b>1025 S.E. 17 STREET FORT LAUDERDALE, FL 33316 US</b>			Mailing Address <del><b>3540 S.W. 180TH WAY MIRAMAR, FL 33029 US</b></del>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <b>1025 S.E. 17TH STREET</b>  Suite, Apt. #, etc.  City & State <b>FORT LAUDERDALE FLORIDA</b>  Zip                      Country <b>33316                      USA</b>			
		4. FEI Number <b>56-2445110</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		02022006    Chg-P    CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>GOUZ, LOUIS 7522 WILES ROAD, SUITE 102 CORAL SPRINGS, FL 33067-2056</b>			7. Name and Address of New Registered Agent Name <b>SHAUN P. GREGORY</b> Street Address (P.O. Box Number is Not Acceptable) <b>2410 PINE TREE DRIVE</b>  City <b>MIRAMAR</b> <b>FL</b> Zip Code <b>33023</b>		
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.  <b>10/21</b> SIGNATURE _____ DATE <b>02/02/06.</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGORY, SHAUN P <del><b>3540 S.W. 180 WAY MIRAMAR, FL 33029</b></del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGORY, SHAUN P. <b>2410 PINE TREE DR MIRAMAR FL 33023</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTIAGO, AURORA S <del><b>3540 S.W. 180 WAY MIRAMAR, FL 33029</b></del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTIAGO, AURORA S. <b>2410 PINE TREE DR MIRAMAR, FL 33023</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:  <b>SHAUN P. GREGORY</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/2/06</b> Daytime Phone # <b>954 806 0751</b>		