

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # P04000045238

1. Entity Name
CREWMEN SERVICES OF FLORIDA, INC.



Principal Place of Business
1025 S.E. 17 STREET
FORT LAUDERDALE, FL 33316 US

Mailing Address
1025 S.E. 17 STREET
FORT LAUDERDALE, FL 33316 US



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2445110

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREGORY, SHAUN P
2410 PINETREE DR
MIRAMAR, FL 33023

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000889658

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GREGORY, SHAUN P
STREET ADDRESS	2410 PINE TREE DR
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	VP
NAME	SANTIAGO, AURORA S
STREET ADDRESS	2410 PINE TREE DR
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAUN P. GREGORY

04/04/08

954 712 0534

Date

Daytime Phone #