2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000101819

1. Entity Name

CR HOME IMPROVEMENT CORP.



FILED
Aug 06, 2008 08:00 AM
Secretary of State

Principal Place of Business

16300 SW 77 AVE MIAMI, FL 33157

Mailing Address

16300 SW 77 AVE MIAMI, FL 33157



DO NOT WRITE IN THIS SPACE

07282008 No Chg-P CR2E034 (11/05)

4.	FEI Number	Applied For	
	42-1636714		Not Applicable
5.	Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YAFFEY, CINDY 16300 SW 77 AVE MIAMI, FL 33157

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8. The above named entity submits this statement for the purpose of changing its registered of	office or registered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	U0000997241

SIGNATURE_____

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

(NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution.

\$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.

	· <u>····</u>				
10.	OFFICERS AND DIRECTORS				
TITLE	D				
NAME	YAFFEY, CINDY				
STREET ADDRESS	16300 SW 77 AVE				
CITY-ST-ZIP	MIAMI, FL 33157				
TITLE					
NAME					
STREET ADDRESS					
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NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filing does not qualify for the exe					

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12. Thereby 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 cath; 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: \

IGNATURE AND TYPED OR PRINTING NAME OF SIGNING OFFICER OR DIRECTOR

x 8/1/08

(305)259-6779 Daytime Phone #