


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90100 034 \*\*\*150.00

<b>DOCUMENT # P04000131252</b> 1. Entity Name <b>CREST MEDICAL SERVICES, INC.</b>					
Principal Place of Business <b>5755 WEST FLAGLER STREET SUITE 208 MIAMI, FL 33144</b>			Mailing Address <b>5755 WEST FLAGLER STREET SUITE 208 MIAMI, FL 33144</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>BACALLAO JAUREGUI, NIURKA M 5755 WEST FLAGLER STREET SUITE 208 MIAMI, FL 33144</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <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 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD NIURKA M BACALLAO JAUREGUI 5755 WEST FLAGLER STREET STE 208 MIAMI, FL 33144 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD ARAH COMANIONI ABREU 5755 WEST FLAGLER STREET STE 208 MIAMI, FL 33144 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <b>7/15/05</b> (305) 216-4245 <small>Date Printed Name</small>		

**50057417**



07152005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-1638419**

Applied For  
Not Applicable

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

ATTACHMENT  
50057417  
Crest Medical Services, Inc.

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July 15, 2005

Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

RE: Crest Medical Services, Inc.  
Document Number P04000131252


Dear Sirs:

Please be advised that the Annual Report Registration form for the year 2005 was not received. Therefore, I am requesting that you please waive the \$500.00 late fee charge. Enclosed please find a check in the amount of \$150.00 for the 2005 Annual Report.

Should you have any questions or need any additional information do not hesitate to contact me at (305) 266-4245.

Thank you in advance for your attention in this utmost important matter.

Respectfully,

  
Arahi Companion Abreu

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5755 West Flagler Street  
Suite 208  
Miami, FL 33144

(305) 266-4245

(305) 266-4259