

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90045 048 ***158.75

DOCUMENT # P05000044472

1. Entity Name

CRCE ENTERPRISES, INC.



Principal Place of Business
117 NE 3RD STREET
HALLANDALE BEACH FL 33009

Mailing Address
117 NE 3RD STREET
HALLANDALE BEACH FL 33009



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5260 SW 9th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State
Ft. Lauderdale, FL 33317

4. FEI Number 73-1637547

Applied For
Not Applicable

Zip

Country

Zip
33317

Country
USA

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARQUHAR, CRAIG
117 NE 3RD STREET
HALLANDALE BEACH FL 33009

Name CRAIG FARQUHAR

Street Address (P.O. Box Number is Not Acceptable)
5260 S.W. 9th Ct

City Ft. Lauderdale

FL

Zip Code 33317

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

1/29/07

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 DP
STREET ADDRESS FARQUHAR, CRAIG
CITY - ST - ZIP 3374 TURTLE COVE
WEST PALM BEACH FL 33411 ☐ Delete

TITLE
NAME President
STREET ADDRESS CRAIG FARQUHAR
CITY - ST - ZIP 5260 S.W. 9th Ct.
Ft. Lauderdale, FL 33317 ☒ Change ☐ Addition

TITLE
NAME STD
STREET ADDRESS HILES-FORY, CECILE
CITY - ST - ZIP 1931 NE 211TH STREET
MIAMI FL 33179 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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 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:

CRAIG FARQUHAR Pres 1/29/07 (004) 452-0635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #