

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90011 020 ***150.00

DOCUMENT # P05000102974

1. Entity Name
C.R.D. FINANCIAL SERVICES, INC.



Principal Place of Business
**P. O. BOX 970111
COCONUT CREEK, FL 33097**

Mailing Address
**P. O. BOX 970111
COCONUT CREEK, FL 33097**

DO NOT WRITE IN THIS SPACE



07272007 No Chg-P CR2E034 (11/05)

4. FEI Number
55-0901977

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STRAUSS, ALAN J
22917 ROYAL CROWN TERR.
BOCA RATON, FL 33433**

**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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STRAUSS, ALAN J
STREET ADDRESS	P. O. BOX 970111
CITY-ST-ZIP	COCONUT CREEK, FL 33097
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

Date

Daytime Phone #

7/27/07 561-58-4853

ATTACHMENT

07/27/07

40127881
P05000102974

Florida dept of corporations:

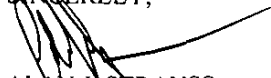
DEAR SIR OR MADAM:

I AM A CARE GIVER FOR MY 85 YEAR OLD MOTHER WHO TURNED VERY ILL A NUMBER OF MONTHS AGO. I HAD TO TAKE CARE OF MY MOTHERS HEALTH AND BRING HERE BACK ON HERE FEET WITH HER DOCTOR'S. DURING THAT TIME MY BUSINESS TOOK A BACK DOOR DURING THE RECOVERY OF MY MOTHERS HEALTH.

I AM ASKING THE STATE AT THIS TIME TO PLEASE WAVE ANY AND ALL LATE FEES ON THE MONEY THAT IS PAST DUE.

THANK YOU FOR UNDERSTANDING IN THIS MATTER.

SINCERELY,



ALAN J. STRAUSS