


**FILED**  
**Jun 05, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90388 010 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P05000161267**


1. Entity Name  
**CRAZY MARKET INC.**



Principal Place of Business  
 1000 N BROADWALK #F  
 HOLLYWOOD, FL 33019

Mailing Address  
 1000 N BROADWALK #F  
 HOLLYWOOD, FL 33019

41- 66017876



**DO NOT WRITE IN THIS SPACE**

03242007 No Chg-P CR2E034 (11/05)

4. FEI Number  
 20-3877292 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

YERUSHALMI, YAEL  
 221 NW 101 AVE  
 PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP YERUSHALMI, YAEL 221 NW 101 AVE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EVGI, ELHAHOU 4020 N HILL DR #24 HOLLYWOOD, FL 33021
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: Yael Yerushalmi Date: 4/17/07 (954) 921-9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #