



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2008 8:00 am
Secretary of State

09-04-2008 90045 036 ***150.00

DOCUMENT # P06000155491 1. Entity Name CROW LATIN AMERICA (USA), INC.					
Principal Place of Business 8191 N.W. 91 TERRACE SUITE 10-A MEDLEY, FL 33166 US			Mailing Address 8191 N.W. 91 TERRACE SUITE 10-A MEDLEY, FL 33166 US		
2. Principal Place of Business - No P.O. Box # 7200 NW 19 St.		3. Mailing Address 7200 NW 19 St.			
Suite, Apt. #, etc. Ste. 307		Suite, Apt. #, etc. Ste. 307			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number NOT APPLICABLE	
Zip 33126		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REINER, SAMUEL B II. 9100 SOUTH DADELAND BLVD. SUITE 901 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS MELMAN, SHMUEL 8191 N.W. 91 TERRACE, SUITE 10-A MEDLEY, FL 33166	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS MELMAN, SHMUEL 7200 NW 19 ST. STE. 307 MIAMI, FL 33126	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 			31/1/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		