

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000057481

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** CRUSHED GRAPES HOSPITALITY CONSULTANTS INC

**Current Principal Place of Business:**

6039 COLLINS AVENUE  
504  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

6039 COLLINS AVENUE  
504  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 27-0496144

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

GARCED, RICK  
3128 CORAL WAY  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: GARCED, RICK  
Address: 6039 COLLINS AVENUE; SUITE 504  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICK GARCED

PSD

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date