

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P16917

1. Entity Name  
C & R INVESTMENTS, INC. OF PANAMA



Principal Place of Business  
2401 SOUTH OCEAN DR  
SUITE 1405  
HOLLYWOOD, FL 33019

Mailing Address  
2401 SOUTH OCEAN DR  
SUITE 1405  
HOLLYWOOD, FL 33019

FILED  
04 MAY 14 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2156919  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROZO, ZAEDY R  
2655 LE JEUNE RD  
PH ID  
CORAL GABLES, FL 33134

**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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ZAZO, AGUSTIN LOPEZ  
STREET ADDRESS 2401 S. OCEAN DR #1405  
CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE DTS  
NAME ZAZO, CARMEN LOPEZ  
STREET ADDRESS 2401 S. OCEAN DR #1405  
CITY-ST-ZIP HOLLYWOOD, FL 33019

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 exemption stated in Section 119.07(3)(i), 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 # \_\_\_\_\_