2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000008583

1. Entity Name CROWN CONSTRUCTION CORP.

FILED Mar 09, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4641 SW 100TH AVENUE MIAMI, FL 33165

4641 SW 100TH AVENUE MIAMI, FL 33165



DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 02212005 No Chg-P

4. FEI Number 65-0386621

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENOUD, FERNANDO 4641 SW 100TH AVENUE MIAMI, FL 33165 _

SIGNATURE:

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 ditte if applicable (NOTE. Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution	oing	\$5.00 May Be Added to Fees	000000256508 03/09/05-80008-012 150.00
10 OFFICERS AND DIRECTORS -					
TITLE NAME STREET ADDRESS CITY ST-ZIP	VP MENOUD, LAZARO M 13250 SW 119TH ST MIAMI, FL 33186	·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MENOUD, FERNANDO 4641 S.W. 100 AVE MIAMI, FL 33165				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENOUD, FERNANDO F 13255 SW 119TH ST MIAMI, FL 33186			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					