

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # P92000008583

1. Entity Name
CROWN CONSTRUCTION CORP.



Principal Place of Business
**4641 SW 100TH AVENUE
MIAMI, FL 33165**

Mailing Address
**4641 SW 100TH AVENUE
MIAMI, FL 33165**



03202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11000000476888
04/06/06-80028-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	MENOUD, LAZARO M
STREET ADDRESS	13250 SW 119TH ST
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	DP
NAME	MENOUD, FERNANDO
STREET ADDRESS	4641 S.W. 100 AVE
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	T
NAME	MENOUD, FERNANDO F
STREET ADDRESS	13255 SW 119TH ST
CITY-ST-ZIP	MIAMI, FL 33186
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/06 (176) 229-8766
Date Daytime Phone #