


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



03222007 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 65-0386621 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|--|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--|------------------------------------|

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**

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04/17/07-80069-005 150.00

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:  **FERNANDO MENOUD** **4/1/07** **(786) 229-8766**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #