2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P93000028536

1. Entity Name CRESA, INC.

FILED Mar 07, 2005 08:00 AM **Secretary of State**

Principal Place of Business

1020 S.W. 36TH COURT MIAMI, FL 33135

Mailing Address

12000 NE 15TH COURT PEMBROKE PINES, FL 33026

US



DO NOT WRITE IN THIS SPACE

No Chg-P 02032005 Applied For 4. FEI Number Not Applicable 65-0409016

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

RODRIGUEZ, JUAN 12000 N.W. 15TH COURT PEMBROKE PINES, FL 33026

SIGNATURE: X

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWI!! FEE I\$ \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing \$5.00	O May Be to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, CARMEN 8345 S.W. 174TH TERRACE MIAMI, FL 33157				U00000254700 03/07/05-80084-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWEN, MARIA 2925 FOXFIRE ROAD CHARLOTTE, NC 28226	Control of the contro		- a : T. 2: N. 2 = 1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARMBRUSTER, CARIDAD 8401 N.W. 7TH COURT PEMBROKE PINES, FL			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RODRIGUEZ, ENRIQUE 520 BIRD ROAD CORAL GABLES, FL		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RODRIGUEZ, JUAN 12000 N.W. 15TH COURT PEMBROKE PINES, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, PELAYO 2365 S.W. 2ND ST. MIAMI, FL					
12. I hereby certify that the information supplied with this filling 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.						

JUAN RODRIGUEZ,

PRES.

Daytme Phone #