2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000028536

1. Entity Name
CRESA, INC.

Principal Place of Business	Mailing Address
1020 S.W. 36TH COURT MIAMI, FL 33135	12000 NE 15TH COURT PEMBROKE PINES, FL 33026 US

01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0409016
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TORRES, CARMEN
STREET ADDRESS	8345 S.W. 174TH TERRACE
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	BOWEN, MARIA
STREET ADDRESS	2925 FOXFIRE ROAD
CITY-ST-ZIP	CHARLOTTE, NC 28226
TITLE	DP
NAME	ARMBRUSTER, CARIDAD
STREET ADDRESS	8401 N.W. 7TH COURT
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	DS
NAME	RODRIGUEZ, ENRIQUE
STREET ADDRESS	520 BIRD ROAD
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	VPD
NAME	RODRIGUEZ, JUAN
STREET ADDRESS	12000 N.W. 15TH COURT
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	TD
NAME	RODRIGUEZ, PELAYO
STREET ADDRESS	2365 S.W. 2ND ST.
CITY-ST-ZIP	MIAMI, FL

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02/23/06 80041-004 150.00

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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: X Caridad Armbruster CARIDAD ARMBRUSTER, PRES. 1/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #