

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000028536

1. Entity Name
CRESA, INC.



Principal Place of Business
**1020 S.W. 36TH COURT
MIAMI, FL 33135**

Mailing Address
**12000 NE 15TH COURT
PEMBROKE PINES, FL 33026 US**



01102007 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**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000642054
03/01/07-80027-006 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TORRES, CARMEN
8345 S.W. 174TH TERRACE
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BOWEN, MARIA
2925 FOXFIRE ROAD
CHARLOTTE, NC 28226**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
ARMBRUSTER, CARIDAD
8401 N.W. 7TH COURT
PEMBROKE PINES, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
RODRIGUEZ, ENRIQUE
520 BIRD ROAD
CORAL GABLES, FL**

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**

**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:

X *Caridad Armbruster*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARIDAD ARMBRUSTER, PRES. 02/07/07

Date

Daytime Phone #