

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000023956

1. Entity Name
CRS FINANCIAL SERVICES, INC.



Principal Place of Business
3700 COCONUT CREEK PKWY
COCONUT CREEK, FL 33066 US

Mailing Address
3700 COCONUT CREEK PKWY
COCONUT CREEK, FL 33066 US



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0482192

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUBINO, LEONARD M
2800 S OCEAN BLVD #20F
BOCA RATON, FL 33432

**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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUBINO, LEONARD M 2800 S OCEAN BLVD, #20F BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RUDINO, STEPHEN F 2651 NE 48TH STREET POMPAHO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RUBINO, CHRISTOPHER J 363 CARDINAL AVE BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RUBINO, H. MARJORIE 2800 S OCEAN BLVD #20F BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

15-00000147478
05-03-04-20107-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #