2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90014 048 ***150.00

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DOCUMENT # P94000043040

1. Entity Name
CRESTHAVEN EAST MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1 SE 3RD AVENUE SUITE 2240 MIAMI, FL 33131-1710	1 SE 3RD AVENUE SUITE 2240 MIAMI, FL 33131-1710

2. Principal Place of Business	3. Mailing Address
2500 WESTON ROAD	2500 WESTON ROAD
Suite, Apt. #, etc. 302	Suite, Apt. #, etc. 302
City & State WESTON, FL	City & State WESTON, FL
Zip 33331 Country USA	Zip 33331 Country USA

08122004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0511705 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MESSING, ELLIOTT 1 SE 3RD AVE STE 2240 MIAMI, FL 33131	Name MESSING, ELLIOTT Street Address (P.O. Box Number is Not Acceptable) 2500 WESTON ROAD SUITE 302 City WESTON FL Zip Code 33331

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] 8/13/04
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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MESSING, ELLIOTT		NAME	
STREET ADDRESS	1 SE 3RD AVE., 2240		STREET ADDRESS	2500 WESTON ROAD #302
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	WESTON, FLA 33331
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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], President 8/13/04 954-389-5515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #