

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000006013	
1. Entity Name CRC OF SOUTH FLORIDA, INC.	

Principal Place of Business 3750 N.W. 87TH AVENUE, #400 MIAMI, FL 33178	Mailing Address 3750 N.W. 87TH AVENUE, #400 MIAMI, FL 33178
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0550479	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANCHEZ-MEDINA, ROLAND 2333 PONCE DE LEON BLVD, STE 302 CORAL GABLES, FL 33134	
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

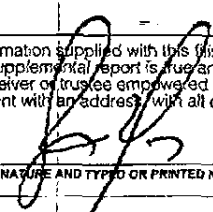
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAS, JORGE 3750 N.W. 87TH AVENUE, #400 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MAS, JUAN CARLO 3750 N.W. 87TH AVENUE, #400 MIAMI, FL 33178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MAS, JOSE RAMON 3750 N.W. 87TH AVENUE, #400 MIAMI, FL 33178
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01/30/06-80063-023 150.00

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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:  **11/9/06 305-552800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #