


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90097 012 ***150.00

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|---|--|--|--|---|--|
| DOCUMENT # P95000076373 1. Entity Name CRC MERCHANT SUPPORT, INC. | | | |  | |
| Principal Place of Business 19993 N.E. 5 CT. MIAMI, FL 33179 | | | Mailing Address 19945 NORTHEAST 5TH COURT MIAMI, FL 33179 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address 19993 N.E. 5 COURT | | |
| City & State Zip | | | City & State Zip | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State Zip | | | City & State Zip | | |
| Country | | | Country | | |
| 4. FEI Number 65-0611035 | | | Applied For Not Applicable | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$150.00- After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| PSTD ROSS, CAROL A 19945 NORTHEAST 5TH COURT MIAMI, FL 33179 | | | 19993 N.E. 5 COURT MIAMI FL 33179 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
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| 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date: 4/1/05 Daytime Phone #: (305) 331-4724 | | | | | |