


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000085332</b>	
1. Entity Name CRESCENT CENTER, INC.	

Principal Place of Business 5801 CONGRESS AVE. BOCA RATON, FL 33487	Mailing Address 5801 CONGRESS AVE. BOCA RATON, FL 33487
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01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0621107	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  MOMBACH, GEOFFREY S 500 EAST BROWARD BLVD. SUITE 1950 FORT LAUDERDALE, FL 33394
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, STEVEN 5801 CONGRESS AVE. BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISINGER, ALBERT 1575 OCEAN LANE FORT LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLF, ERIC 5801 CONGRESS AVE. BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000590059 01/18/07-80041-015 150.00
<b>DO NOT WRITE IN THIS SPACE</b>

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Eric Wolf*  
ERIC WOLF

1/12/07 561-860-9454  
Date Daytime Phone #