

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000024285

1. Entity Name
CRUSELLAS GROUP, INC.



Principal Place of Business
**6910 TORDERA STREET
CORAL GABLES, FL 33146**

Mailing Address
**6910 TORDERA STREET
CORAL GABLES, FL 33146**



01122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0672654	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GUITIEREZ, JR., NICOLAS J ESQ
1101 BRICKELL AVE
STE 1400
MIAMI, FL 33131**

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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 consulting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	D SANTERIRO, LUIS 6910 TORDERA ST. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, RAMON F 6910 TORDERA ST. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAZTAMBIDE, LOURDES C 6910 TORDERA ST. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, LUIS 6910 TORDERA ST. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA SIERRA, RAFAEL 6910 TORDERA ST. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUTIERREZ, ESQ, NICOLAS J JR 1101 BRICKELL AVE., STE. 1400 MIAMI, FL 33131

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01/17/08-80001-006 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone