

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2005 8:00 am
Secretary of State

08-17-2005 90002 047 ***150.00

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DOCUMENT # P96000091189 1. Entity Name CRESCENT HEIGHTS, INC.					
Principal Place of Business 2930 BISCAYNE BLVD. MIAMI, FL 33137			Mailing Address 2930 BISCAYNE BLVD. MIAMI, FL 33137		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07142005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-0706449	
Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHRISTENBURY, SHARON ESQ 2930 BISCAYNE BLVD. MIAMI, FL 33137				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	CD KAHN, SONNY 2930 BISCAYNE BLVD. MIAMI, FL 33137	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer De Almagro, Pablo 2930 Biscayne Boulevard Miami, FL 33137
☐ Change ☒ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALBUT, RUSSELL W 2930 BISCAYNE BLVD. MIAMI, FL 33137	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD MENIN, BRUCE 2930 BISCAYNE BLVD. MIAMI, FL 33137	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTENBURY, SHARON 2930 BISCAYNE BLVD. MIAMI, FL 33137	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZDON, JOSEPH 2930 BISCAYNE BLVD. MIAMI, FL 33137	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DACHOH, SHLOMO 2930 BISCAYNE BLVD. MIAMI, FL 33137	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
☐ Change ☐ Addition					
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: Sharon Christenbury, Vice President 7.21.05 305-374-5700					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					