

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000009647

1. Entity Name
CRESTWOOD SQUARE, INC.



Principal Place of Business
1541 SUNSET DRIVE
SUITE 300
CORAL GABLES, FL 33143

Mailing Address
1541 SUNSET DRIVE
SUITE 300
CORAL GABLES, FL 33143

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -4 AM 8:00



DO NOT WRITE IN THIS SPACE

02122004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0814941

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIGIER, GERALD M
1541 SUNSET DRIVE
SUITE 300
CORAL GABLES, FL 33143

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinsating)

DATE

**FILE NOW: FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

300034692609

04/29/04--01033--024 **882.50

10. OFFICERS AND DIRECTORS

TITLE D
NAME HIGIER, GERALD M
STREET ADDRESS 1541 SUNSET DR, STE 300
CITY-ST-ZIP CORAL GABLES, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gerald M. Higier *Gerald M. Higier* 4/14/04 305-666-2140