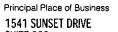
## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P97000009647 1. Entity Name CRESTWOOD SQUARE, INC.



**FILED** Apr 17, 2007 08:00 AN Secretary of State



SUITE 300 CORAL GABLES, FL 33143 Mailing Address

1541 SUNSET DRIVE SUITE 300 CORAL GABLES, FL 33143



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No Chg-P CR2E034 (11/05) 03262007 Applied For 4. FEI Number 65-0814941 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

0.	Name and Addi	ess or current	Keğistered Ağeni	
= D A	LDM			

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

## DO NOT WRITE IN THIS SPACE

				,	*			S 4
	named entity submits this statement for the plons of registered agent.	urpose of changing its registered offi	ice or r	egistered agent, or bo	oth, in the State	of Florida. I am fa	ımiliar with, a	nd accept
SIGNATURE_	Signature, typed or printed name of registered agent and title i	If applicable. (NOTE: Registered Agent	signatura	required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS				· · · · ·		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGIER, GERALD M 1541 SUNSET DR, STE 300 CORAL GABLES, FL 33143				U00i 04/26/i	000712810 07-80062-0	08 800.	00
TITLE		<del></del>				•		
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CITY-ST-ZIP .								
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NAME					•	•		N.
STREET ADDRESS CITY-ST-ZIP				DO	NOT	WRITE	• •	
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TITLE NAME		j		IN T	THIS	<b>SPACE</b>		
STREET ADDRESS								
CITY-ST-ZIP				*	' P	· ·		
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MALIE								

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 attac

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

305-666-2140