


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 21, 2008 08:00 AM
Secretary of State**

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|---|---|
| DOCUMENT # P97000009647 1. Entity Name CRESTWOOD SQUARE, INC. |  |
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|---|---|
| Principal Place of Business 1541 SUNSET DRIVE SUITE 300 CORAL GABLES, FL 33143 | Mailing Address 1541 SUNSET DRIVE SUITE 300 CORAL GABLES, FL 33143 |
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03172008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0814941 | 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

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

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

000000911986
05/07/08-80062-006 588.75

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HIGIER, GERALD M 1541 SUNSET DR, STE 300 CORAL GABLES, FL 33143 |
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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 Gerald M. Higier Date 4/15/08 Daytime Phone # 305-666-2140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR