


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000063741	
1. Entity Name JUNKANOO CREW, INC.	

Principal Place of Business 278 MIRACLE MILE CORAL GABLES, FL 33134	Mailing Address 278 MIRACLE MILE CORAL GABLES, FL 33134
-----------------------------------------------------------------------------------	-----------------------------------------------------------------------



02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0770326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GRANITUR, ERIC
407 LINCOLN RD, SUITE 2-L
MIAMI BEACH, FL 33139**

**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 reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DELIUS, SHIRLEY 12200 SW 70TH CT. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HUTSON, CINTHIA 12200 SW 70TH CT. MIAMI, FL 33156
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	

U00000161564
05/26/04-80004-008 150.00

**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

5/17/04
Date

305-446-7710
Daytime Phone #