2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2004 8:00 am Secretary of State 02-25-2004 90015 043 ***150.00

| DOCUMENT # P97000109101 | | | | | 02-23-2004 90013 043 1130.00 | | | | |
|--|---|---|--|---|------------------------------|--|-----------------------------|----------------------|----------------------------|
| 1. Entity Nam CRESCE | e NT HEIGHTS OF AMERICA | | | | | | | | |
| Principal Place of Business 2930 BISCAYNE BLVD MIAMI, FL 33137 | | Mailing Address 2930 BISCAYNE BLVD MIAMI, FL 33137 | | | 54010599 | | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | | |
| | | | | | | # | il linsi mail e inii | MI JEMEL M MIMO ELQ | 1881 138 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 02032004 | Chg-P | CR2E03 | 34 (10/03) | |
| City & State | | City & State | | | 4. FEI Numb 65-080 | | v | - - - | plied For at Applicable |
| Zip | Country | Zip | Country | | 5. Certificate | of Status Desired | | 8.75 Add | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and | Address of New R | egistered A | gent | |
| CHRISTENBURY, SHARON ESQ 2930 BISCAYNE BLVD MIAMI, FL 33137 | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | | FL | Zip Cod | e |
| | named entity submits this statement finns of registered agent. Signature, typed or printed name of registered agent. | Land trile if applicable. (NC | DTE: Registered Agent signatu | re required | d when reinstating) | th, in the State of Flo | DATE | amiliar with, | and accept |
| After M | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550 | | ntribution. | | -00 May Be ied to Fees | | | | |
| TITLE | OFFICERS AND | DIRECTORS Delete | 11. | · · · | ADDITIONS | CHANGES TO OFF | ICERS AND | | |
| NAME STREET ADDRESS CITY-ST-ZIP | KAHN, SONNY 2930 BISCAYNE BLVD MIAMI, FL 33137 | Control Control | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Pablo de | cayne Boulevard | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GALBUT, RUSSELL 2930 BISCAYNE BLVD MIAMI, FL 33137 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | WIGHTI, I | <u> </u> | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPD MENIN, BRUCE 2930 BISCAYNE BLVD MIAMI, FL 33137 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | 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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DACHOH, SCHLOMO 2930 BISCAYNE BLVD MIAMI, FL 33137 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ; 2930 E | ary o Dachoh Biscayne Bouleval , FL 33137 | rd | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ZDON, JOSEPH 2930 BISCAYNE BLVD MIAMI, FL 33132 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | ☐ Change | Addition |
| indicated of the co | certify that the information supplied with on this report or supplemental report provation or the receiver or trustee emit, or on an attachment with an address | is true and accurate and that cowered to execute this reno | t my signature shall h | ave the | same legal effe | ct as if made under o | oath; that I a | m an officer | r or director |

Sharon Christenbury, Vice President

V. C. Pa. Authorized Person

RAYTED NAME OF BIGNING OFFICER OR DIRECTOR