

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000060264



1. Entity Name
CROWN SALES CORP.

Principal Place of Business
2275 N.W. 150TH ST
OPALOCKA, FL 33054

Mailing Address
P.O. BOX 540528
OPALOCKA, FL 33054-0528

2. Principal Place of Business *3300 SW 117 Ave* 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAVIE, FL

City & State

Zip
33330

Zip

Country

6. Name and Address of Current Registered Agent

CARR, JOY ESQ
1000 PONCE DE LEON., #320
CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

54061371

07022004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0850605 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

FL Zip Code

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME DESSBERG, VICTOR
STREET ADDRESS 3300 SW 117 AVE
CITY-ST-ZIP DAVIE, FL 33330

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE VSTD
NAME MURE, RICHARD
STREET ADDRESS 11315 LAKE SHORE DR
CITY-ST-ZIP COOPER CITY, FL 33026

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Victor Nessberg*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/04

305389-1286

Date

Daytime Phone #