

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000060339

1. Entity Name  
CRP CORPORATION



Principal Place of Business  
THE FIRST NATIONAL BANK OF S. MIAMI  
5750 SUNSET DR.  
MIAMI, FL 33143

Mailing Address  
THE FIRST NATIONAL BANK OF SOUTH MIAMI  
5750 SUNSET DRIVE  
SOUTH MIAMI, FL 33243-1000

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**



03212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0876356

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

NEIL, CHRYSTAL R ESQ  
C/O DUNWODY WHITE & LANDON, PA  
550 BILTMORE WAY STE 810  
MIAMI, FL 33134

**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, 2007 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  
STD  
ANNE, ROFF T  
260 HARBOR DRIVE  
KEY BISCAYNE, FL 33149

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
SUZANNE, ROFF  
45 CHRISTOPHER ST., #9-F  
NEW YORK, NY 10014

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

000000717754  
04/30/07-80059-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

*Suzanne Roff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Suzanne Roff, President

4/4/07

Date

305-529-1500

Daytime Phone #

do not print name