

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000060339

Entity Name: CRP CORPORATION

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

THE FIRST NATIONAL BANK OF S. MIAMI
5750 SUNSET DR.
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

THE FIRST NATIONAL BANK OF SOUTH MIAMI
5750 SUNSET DRIVE
SOUTH MIAMI, FL 332431000

New Mailing Address:

FEI Number: 65-0876356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 US

Name and Address of New Registered Agent:

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

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.

SIGNATURE: NEIL R. CHRYSTAL

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: ANNE, ROFF T
Address: 260 HARBOR DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: PD () Delete
Name: SUZANNE, ROFF
Address: 45 CHRISTOPHER ST., #9-F
City-St-Zip: NEW YORK, NY 10014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: ROFF, ANNE T
Address: 260 HARBOR DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: PD (X) Change () Addition
Name: ROFF, SUZANNE
Address: 45 CHRISTOPHER ST., #9-F
City-St-Zip: NEW YORK, NY 10014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE ROFF

PD

04/08/2009

Electronic Signature of Signing Officer or Director

Date