## 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000093334

Entity Name: C.R.S. CONSULTANTS, INC.

FILED Apr 02, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7320 GRIFFIN ROAD 1181 SAWGRASS CORP PKWY

SUITE #203A SUNRISE, FL 33323 DAVIE, FL 33314

Current Mailing Address: New Mailing Address:

7320 GRIFFIN ROAD 1181 SAWGRASS CORP PKWY

SUITE #203A SUNRISE, FL 33323 DAVIE, FL 33314

FEI Number: 65-0870638 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARROLLI, VINCENT
7320 GRIFFIN ROAD
PARROLLI, VINCENT
1181 SAWGRASS CORP PKWY

SUITE #203A SUNRISE, FL 33323 DAVIE, FL 33314

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: VINCENT PARROLLI 04/02/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: PARROLLI, VINCENT Name: PARROLLI, VINCENT
Address: 7320 GRIFFIN ROAD #203A Address: 1181 SAWGRASS CORP PKWY

City-St-Zip: DAVIE, FL 33314 City-St-Zip: SUNRISE, FL 33323

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

Name: SAEZ, JOVANNI Name: SAEZ, JOVANNI

Address: 7320 GRIFFIN ROAD #203A Address: 1181 SAWGRASS CORP PKWY

City-St-Zip: DAVIE, FL 33314 City-St-Zip: SUNRISE, FL 33323

 Name:
 GREEN, ALICE
 Name:

 Address:
 7320 GRIFFIN ROAD #203A
 Address:

 City-St-Zip:
 DAVIE, FL 33314
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: VINCENT PARROLLI PD 04/02/2003