

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90155 030 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000100280	
1. Entity Name CR & MP, INC.	
Principal Place of Business 9182 GLADES RD BOCA RATON, FL 33434	Mailing Address 9182 GLADES RD BOCA RATON, FL 33434
2. Principal Place of Business 9136 Glades RD Suite, Apt. #, etc.	3. Mailing Address 9136 Glades RD Suite, Apt. #, etc.
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33434	Country
4. FEI Number 65-0881605	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent TRUJILLO, RAMON 9182 GLADES RD BOCA RATON, FL 33434	
7. Name and Address of New Registered Agent Name TRUJILLO RAMON Street Address (P.O. Box Numbers Not Acceptable) 9136 Glades RD City BOCA RATON FL Zip Code 33434	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small> DATE _____	
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
P TRUJILLO, RAMON 9182 GLADES RD BOCA RATON, FL 33434	VP MARIA CLARA TRUJILLO 9136 Glades RD BOCA RATON FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D HERMIDA, PEDRO 5808 NW 109TH AVE MIAMI, FL 33178	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Continuing Phone # _____	

Attachment #
KATTOURA & ASSOCIATES, INC. 80136021
ACCOUNTING, BOOKKEEPING & TAX SERVICES

One S. Ocean Blvd. #315
Boca Raton, Fl. 33432
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, Fl. 33429
FAX: (561) 394-5134

National Society of Tax Professional

July 29, 2003

Division of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

Ref: CR & MP, Inc.
Annual report #P98000100280

Dear Sirs.

The above referenced corporation has never received any notice at all. We are enclosing an annual report and the check in the amount of \$ 150.00 for 2003. Please accept this annual report filing 2003 and the amended.

Although we would like to verify our address currently is the right one as we show in the annual report form.

Thank you for your cooperation in this matter.

If you have any further questions, please do not hesitate to contact us.

Sincerely,


Andre K Kattoura