2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8. The above named echts, submits the statement for the purpose of changing its registered Agent of regist	DOCUMENT # P99000048758 1. Enlity Name CRAB HOLDINGS, INC.									Feb 04, 20 Secreta		08:00	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zrp Country Zrp Country S. Certificate of States Desired S.75 Additional For Required Agent T. Name and Address of New Registered Agent T. Name and Address of New Registe	319 S.E. 147	TH ST.	3316	319 S	.E. 14TH ST.	33316					∮§•	SE VERNE BOOK BUILDING	
City & State Name Name Name Name Name Name Name Name Name City & State City	2. Principal P	lace of Busin	ess)				
2p Country 2p Country 5. Certificate of State Desired \$8.75 Additional Five Recipited \$8.75 Ad								4 F	El Nember	R2E034		nolied For	
S. Certificate Seature service Fee Required S. Name and Address of Current Registered Agent 7, Name and Address of New Registered Agent MARTIN, ROBERT C 319 S.E. 14TH ST. FT. LAUDERDALE FL 33316 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FILE NOW!!! FEE IS 5150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Fortide Department of State O. OFFICERS AND DIRECTORS 11. ACDITIONS/CHANGESTO OFFICERS 11. ACDITIONS/CHANGESTO OFFICERS 11. ACDITIONS/CHANGESTO OFFICERS 11. ACDITIONS/CHANGE									7. 1	65-0924857		No	ot Applicable
MARTIN, ROBERT C 319 S.E. 14TH ST. FT. LAUDERDALE FL 33316 Chy FL Zp Code The tubigations of registered agent, or both, in the State of Ponda. I am familiar with, and socition tubigations of registered agent, or both, in the State of Ponda. I am familiar with, and socition tubigations of registered agent, or both, in the State of Ponda. I am familiar with, and socition tubigations of registered agent, or both, in the State of Ponda. I am familiar with, and socition tubigations of registered agent, or both, in the State of Ponda. I am familiar with, and socition tubigations of registered agent, or both, in the State of Ponda. I am familiar with, and socition tubigations of registered agent, or both, in the State of Ponda. I am familiar with, and socition tubigations of registered agent, or both, in the State of Ponda. I am familiar with, and socition tubigations of registered agent, or both, in the State of Ponda. I am familiar with, and socition tubigations of registered agent, or both, in the State of Ponda. I am familiar with, and socition tubigations of registered agent, or both, in the State of Ponda. I am familiar with, and socition tubigations of registered agent, or both, in the State of Ponda. I am familiar with, and socition tubigation of Ponda. I am familiar with, and socition tubigation of Ponda. I am familiar with, and socition of Ponda. I am familiar with, and society	ZIP	6 Name										Fee Require	
SIGNATURE 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 accident of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accident of the obligations of registered agent. SIGNATURE FILE NOW!! FEE IS \$150.00 After they 1, 2004 Fee will be \$590.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PS MART IN, ROBERT C MARTIN, ROBERT C				negistere	a Agent		Name		7. 14	aine and Address of New Ne	gistered	Agent	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent. SIGNATURE Signature lyses or primod rome of registered agent and tile / applicable. (NOTE Registered Agent segration whom constating) DATE	319	S.E. 14T	H ST.		·		Street Add	iress (F	'О. В	ox Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·		
SIGNATURE Signature hypera or primod name of registered agent and title 4 appraisible. NOTE Registered Agent signature registered whom residentially NATE							City	,			Fl	Zip Cod	le .
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$559.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11 TITLE PS Detele MARTIN, ROBERT C MAKE MAKE STRET ADDRESS CITY -ST- 2P TITLE MAKE STRET ADDRE				or the purpo	ose of changing its	register	ed office or re	gistere	ed age	ent, or both, in the State of Flor	ida. lam	familiar with	and accept
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE												
TILE NAME SITEST ADDRESS OFF. ST. AP OFF. CERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE VS NAME SIREST ADDRESS OFF. ST. AP OFF. LAUDERDALE FL 33316 OFF. ST. AP OFF. ST. AP OFF. LAUDERDALE FL 33316 OFF. ST. AP OFF. ST. AP OFF. LAUDERDALE FL 33316 OFF. ST. AP O	After May 1, 2004 Fee will be \$550.00												
TITLE MARE MARTIN, ROBERT C STREET ADDRESS 319 S.E. 14TH ST. CITY ST-2IP TITLE VS BENNIS, RANDY M SIRET ADDRESS 319 S.E. 14TH ST. CITY-ST-2IP TITLE NAME SIRET ADDRESS 319 S.E. 14TH ST. CITY-ST-2IP TITLE NAME SIRET ADDRESS CITY-ST-2IP		K Payable to			RS	11.	· · · -		ADI	OITIONS/CHANGES TO OFFIC	CERS AN	D DIRECTOR	S IN 11
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CI	NAME STREET ADDRESS	MARTIN, F 319 S.E. 1	4TH ST.		☐ Delete	NAM Stri	ET ADDRESS					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-	NAME STREET ADDRESS	BENNIS, R 319 S.E. 1	4TH ST.		☐ Delete	NAM STRI	et address					- •	Addition
NAME STREET ADDRESS CITY-ST-ZIP TIFLE Delete RITLE RAME	NAME STREET ADDRESS				☐ Delete	NAM STRE	IE- EET ADDRESS			92799794-800i	31-00	t Ditanget	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete Interest population of 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 direct 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 in the changed, or on an attachment with an address, with all other like empowered	NAME STREET AODRESS				□ Delete	NAM STRE	EET ADDRESS					Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP 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 rnade under oath; that I am an officer or direct 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 B	NAME STREET ADDRESS				☐ Delete	NAM STRI	EET ADDRESS					☐ Change	☐ Addition
changed, or on an attachmers with an address, with all other like empowered	NAME STREET ADDRESS CITY-ST-ZIP					NAN STRI CITY	ie Eet address '-st-zip						☐ Addition
SIGNATURE: ROBERT C. MARTIN 1-20-04 954-524-533, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Director Date Date Date Director Date Director Direct													

EII ED