


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # V10867 1. Entity Name CRA INTERNATIONAL COMPANY	
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Principal Place of Business 8805 NW 35TH LANE MIAMI, FL 33172 US	Mailing Address 8805 NW 35TH LANE MIAMI, FL 33172 US
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0312812	Applied For Not Applicable
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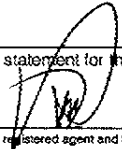
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ABREU, CID
8805 NW 35TH LANE
MIAMI, FL 33172

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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:  CID ABREU DATE: 4-20-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	D ABREU, MARINA 8805 NW 35TH LANE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ABREU, CID 8805 NW 35TH LANE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABREU, MARINA G 8805 NW 35TH LANE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABREU, TATIANA 8805 NW 35TH LANE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/04-80041-014 150.00

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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)(f), 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:  MARINA ABREU DATE: 4/19/04 DAYTIME PHONE #: 305-971-1622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR