# **2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G23401

Entity Name: CRISF, INC.

FILED
Apr 27, 2015
Secretary of State
CC7455823527

# **Current Principal Place of Business:**

1607 PONCE DE LEON BLVD.

SUITE 201

CORAL GABLES, FL 33134

# **Current Mailing Address:**

1607 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES, FL 33134 US

FEI Number: 59-2264514 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

PELAYO, AMERICA MRS. 1607 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES, 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:

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title PRESIDENT Title VP, DIRECTOR

Name PELAYO, AMERICA Name BOLANOS, GUSTAVO JOSE

Address 1607 PONCE DE LEON BLVD STE 201 Address 1607 PONCE DE LEON BLVD STE 201

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR Title SECRETARY, DIRECTOR

Name CASTELLANOS, YOVANKA Name PAIZ, FERNANDO

Address 1607 PONCE DE LEON BLVD. Address 1607 PONCE DE LEON BLVD.

SUITE 201 SUITE 201

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

Title TREASURER Title DIRECTOR

Name BOLANOS, FERNANDO Name GAMBOA, ARTURO

Address 1607 PONCE DE LEON BLVD. Address 1607 PONCE DE LEON BLVD.

SUITE 201 SUITE 201

City-State-Zip: CORAL GABLES FL 33134 City-State-Zip: CORAL GABLES FL 33134

**PRESIDENT** 

I hereby 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 all other like empowered.