

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000036775

**Entity Name:** OUR CREW, INC.

**Current Principal Place of Business:**

9301 MILLER DRIVE  
MIAMI, FL 33165

**Current Mailing Address:**

9301 MILLER DRIVE SUITE A  
MIAMI, FL 33165

**FEI Number:** 02-0592650

**Certificate of Status Desired:** No

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

GARCIA, RAUL IDMD  
1300 MENDEAVIA AVE  
CORAL GABLES, FL 33146 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 P  
Name GARCIA, RAUL IDMD  
Address 1300 MENDEAVIA AVE  
City-State-Zip: CORAL GABLES FL 33146

Title S  
Name SANCHEZ-GARCIA, CONCEPCION  
Address 1300 MENDEAVIA AVE  
City-State-Zip: CORAL GABLES FL 33146

Title VP  
Name LAMAS, WILLIAM DMD  
Address 11801 SW 57 COURT  
City-State-Zip: CORAL GABLES FL 33156

Title T  
Name LAMAS, ELIZABETH  
Address 11801 S.W. 57 COURT  
City-State-Zip: CORAL GABLES FL 33156

*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.*

**SIGNATURE:** RAUL I GARCIA

**PRESIDENT**

**01/11/2014**

Electronic Signature of Signing Officer/Director Detail

Date