# 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000002627

## Entity Name: BARBARA CRANE ASSOCIATES, INC

#### **Current Principal Place of Business:**

6799 COLLINS AVE, APT PH06 MIAMI BEACH, FL 33141

### **Current Mailing Address:**

6799 COLLINS AVE, APT PH06 MIAMI BEACH, FL 33141

# FEI Number: 52-2258267

## Name and Address of Current Registered Agent:

CRANE, BARBARA 6799 COLLINS AVE, APT PH06 MIAMI BEACH, FL 33141 US Jan 15, 2018 Secretary of State CC2572956276

FILED

Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Title	С	Title	VC
Name	CRANE, BARBARA	Name	CRANE, BARBARA
Address	6799 COLLINS AVE, APT PH06	Address	6799 COLLINS AVE, APT PH06
City-State-Zip:	MIAMI BEACH FL 33141	City-State-Zip:	MIAMI BEACH FL 33141
			_
Title	DT	Title	P
Name	CRANE, BARBARA	Name	CRANE, BARBARA
Address	6799 COLLINS AVE, APT PH06	Address	6799 COLLINS AVE, APT PH06
City-State-Zip:	MIAMI BEACH FL 33141	City-State-Zip:	MIAMI BEACH FL 33141
		<b></b>	
Title	V	Title	S
Name	CRANE, BARBARA	Name	CRANE, BARBARA
Address	6799 COLLINS AVE, APT PH06	Address	6799 COLLINS AVE, APT PH06
City-State-Zip:	MIAMI BEACH FL 33141	City-State-Zip:	MIAMI BEACH FL 33141

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: BARBARA CRANE

MANAGER

01/15/2018

Date

Electronic Signature of Signing Officer/Director Detail

Date