2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State
03-14-2006 90014 035 ****61.25

DOCUMENT # 725122

1. Entity Name

CRYSTAL HOUSE, INC.

Principal Place of Business	Mailing Address
5055 COLLINS AVENUE MIAMI BEACH FL 33140	5055 COLLINS AVENUE MIAMI BEACH FL 33140

1st MOORE CR2E037 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1460459 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, JOSE
5055 COLLINS AVE.
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name JOSE WISE

Street Address (P.O. Box Number is Not Acceptable) 5055 COLLINS AVE

City MIAMI BEACH FL Zip Code 33140

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 JW JOSE WISE, PRESIDENT 03/03/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. OFFICER/DIRECTOR CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP PRESIDENT	☐ Delete	TITLE	SECRETARY	☐ Change ☒ Addition
NAME	WISE, JOSE		NAME	COETZEE, BRENT	
STREET ADDRESS	5055 COLLINS AVE #3F		STREET ADDRESS	5055 COLLINS AV. #11M	
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	S VICE PRESIDENT	☐ Delete	TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	ESPINOSA, JOSE		NAME	SHAPIRO, MAURICE	
STREET ADDRESS	5055 COLLINS AVE ~~#24~~ #2H		STREET ADDRESS	5055 COLLINS AV. #2F	
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	P	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	GARCIA, JOSE		NAME		
STREET ADDRESS	5055 COLLINS AVE #4H		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP		
TITLE	TRES	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ABRANTE, JOSE		NAME		
STREET ADDRESS	5055 COLLINS AVE #11C		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL 33140		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STERNHELL, JOSHUA		NAME		
STREET ADDRESS	5055 COLLINS AVE #5-D		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL 33140		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PINES, JAMES		NAME		
STREET ADDRESS	5055 COLLINS AVE., ~~#74~~ #6J		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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: JW 03/03/06 305-865-5776