

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AB)

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90038 003 ****61.25

DOCUMENT # 725122

1. Entity Name

CRYSTAL HOUSE, INC.

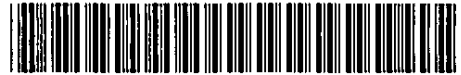


Principal Place of Business

5055 COLLINS AVENUE
MIAMI BEACH FL 33140

Mailing Address

5055 COLLINS AVENUE
MIAMI BEACH FL 33140



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1460459

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WISE, JOSE
5055 COLLINS AVE
MIAMI BEACH FL 33140

Name **JOSE WISE**

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

5055 COLLINS AVENUE

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

[Signature]
JOSE WISE, PRES.

(NOTE: Registered Agent signature required when reinstating)

3/4/08

DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

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

TITLE **P** ☐ Delete
NAME **WISE, JOSE**
STREET ADDRESS **5055 COLLINS AVE #3F**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **VP** ☐ Delete
NAME **ESPINOSA, JOSE**
STREET ADDRESS **5055 COLLINS AVE, # 2H**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **S** ☐ Delete
NAME **COETZEE, BRENT**
STREET ADDRESS **5055 COLLINS AVE #11M**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE **TRES** ☐ Delete
NAME **ABRANTE, JOSE**
STREET ADDRESS **5055 COLLINS AVE #11C**
CITY-ST-ZIP **MIAMI BCH FL 33140**

TITLE **D** ☐ Delete
NAME **STERNHELL, JOSHUA**
STREET ADDRESS **5055 COLLINS AVE**
CITY-ST-ZIP **MIAMI BCH FL 33140**

TITLE **D** ☒ Delete
NAME **PINE, JAMES**
STREET ADDRESS **5055 COLLINS AVE., #74**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D.** ☐ Change ☒ Addition
NAME **BUSTAMANTE, JAVIER**
STREET ADDRESS **5055 COLLINS AVE #4G**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **D.** ☐ Change ☒ Addition
NAME **GOLDING, SHARON**
STREET ADDRESS **5055 COLLINS AVE #6D**
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature] **V.P.**

3/4/08

305-865-5776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #