

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001885

FILED
Feb 07, 2007
Secretary of State

Entity Name: KRISTI HOUSE, INC.

Current Principal Place of Business:

1265 NW 12TH AVE
MIAMI, FL 33136

New Principal Place of Business:

Current Mailing Address:

1265 NW 12TH AVE
MIAMI, FL 33136

New Mailing Address:

FEI Number: 65-0576650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHAHIN, RIMA JR.
1265 NW 12TH AVE
MIAMI, FL 33136 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: ARRIOLA, EDUARDO
Address: 1516 CERTOSA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: P () Delete
Name: NEE, MARGARET
Address: 2440 INAUGUA AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP () Delete
Name: NOVAK, CAROL
Address: 6350 SW 93RD ST.
City-St-Zip: MIAMI, FL 33156

Title: T () Delete
Name: VODICKA, CHUCK
Address: 9500 SOUTH DADELAND BLVD., SUITE 200
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: BLECKE, BERTA
Address: 8750 PONCE DE LEON RD.
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL NOVAK

VP

02/07/2007

Electronic Signature of Signing Officer or Director

Date