


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 8:00 am**  
**Secretary of State**


07-24-2006 90003 025 \*\*\*550.00

<b>DOCUMENT # P03014</b> 1. Entity Name <b>FRANK CRYSTAL &amp; CO. OF FLORIDA, INC.</b>	
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Principal Place of Business <b>TWO ALHAMBRA PLAZA, STE. 102 CORAL GABLES, FL 33134</b>	Mailing Address <b>TWO ALHAMBRA PLAZA, STE. 102 CORAL GABLES, FL 33134</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

**50022976**



07052006 Chg-P CR2E034 (11/05)

4. FEI Number <b>13-3225387</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

8. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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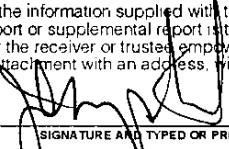
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-appointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LITTMANN, ARTHUR H. 32 OLD SLIP NEW YORK, NY 100053504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Crystal, Jonathan F 32 Old Slip New York, NY 100053504 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREITAS, MARK E 32 OLD SLIP NEW YORK, NY 100053504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRYSTAL, JAMES W. 32 OLD SLIP NEW YORK, NY 100053504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Jonathan F. Crystal, Vice President** **07.17.2006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylong Phone #