
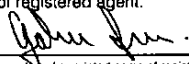
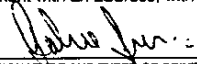


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90531 014 \*\*\*150.00

DOCUMENT # P04000009939			
1. Entity Name JG CRYSTAL INC.			
Principal Place of Business 1820 OAK TRAIL W. APT. 206 CLEARWATER, FL 33764		Mailing Address 1820 OAK TRAIL W. APT. 206 CLEARWATER, FL 33764	
2. Principal Place of Business 6465 142ND AVE. Suite, Apt. #, etc. APT. F-204		3. Mailing Address → SAME Suite, Apt. #, etc.	
City & State CLEARWATER, FL		City & State	
Zip 33760	Country	Zip	Country
6. Name and Address of Current Registered Agent GABCO, JAROSLAV 1820 OAK TRAIL W. APT. 206 CLEARWATER, FL 33764		7. Name and Address of New Registered Agent Name JAROSLAV GABCO Street Address (P.O. Box Number is Not Acceptable) 6465 142ND AVE., # F-204 City CLEARWATER FL Zip Code 33760	
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:  JAROSLAV GABCO REG. AGENT DATE: 4/12/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	GABCO, JAROSLAV	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME GABCO, JAROSLAV		NAME 6465 142ND Avenue Apt. F-204	
STREET ADDRESS 1820 OAK TRAIL W., APT. 206		STREET ADDRESS CLEARWATER, FL 33760	
CITY-ST-ZIP CLEARWATER, FL 33764		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME HYNEK SEFRANEK	
STREET ADDRESS		STREET ADDRESS 6465 142ND AVE., APT. Y101	
CITY-ST-ZIP		CITY-ST-ZIP CLEARWATER, FL 33760	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Jaroslav Gabco SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 04/11/05 Daytime Phone # (707) 504-9854	

J0040033



01252005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0589015 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required