


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90047 023 ***150.00

DOCUMENT # P04000037223

1. Entity Name
THE J.T. CRYSTAL CORPORATION



Principal Place of Business Mailing Address


912 EAST FLETCHER AVE **912 EAST FLETCHER AVE**
SUITE B **SUITE B**
TAMPA, FL 33612 **TAMPA, FL 33612**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

701 BRICKELL AVE **701 BRICKELL AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1550 **1550**

City & State City & State

Miami **Miami**
 Zip Country Zip Country
71 **DADE** **71** **DADE**



04272007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

90-0153706 Not Applicable

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

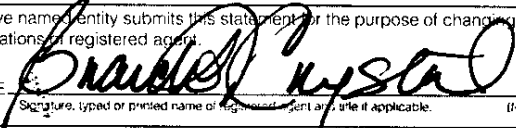
6. Name and Address of Current Registered Agent

CRYSTAL, BRANDI L
912 EAST FLETCHER AVE
TAMPA, FL 33612

7. Name and Address of New Registered Agent

Name **BRANDI L. CRYSTAL**
 Street Address (P.O. Box Number is Not Acceptable)
701 BRICKELL AVE # 1550
 City **MIAMI** FL Zip Code **33131**

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:  DATE: **4/30/07**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PRES	<input type="checkbox"/> Delete
NAME	CRYSTAL, BRANDI L	
STREET ADDRESS	912 FLETCHER AVE	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	CRYSTAL, JEFFERY T	
STREET ADDRESS	912 FLETCHER AVE	
CITY-ST-ZIP	TAMPA, FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDI L. CRYSTAL		
STREET ADDRESS	701 BRICKELL AVE #1550		
CITY-ST-ZIP	MIAMI 71 33131		
TITLE	CFO	JEFFERY T. CRYSTAL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERY T. CRYSTAL		
STREET ADDRESS	701 BRICKELL AVE STE 1550		
CITY-ST-ZIP	MIAMI 71 33131		
TITLE	SEC	LUCENDY CRYSTAL-JACKSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCENDY CRYSTAL-JACKSON		
STREET ADDRESS	701 BRICKELL AVE #1550		
CITY-ST-ZIP	MIAMI 71 33131		
TITLE	ops mgr	SHAWN-TA WILSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAWN-TA WILSON		
STREET ADDRESS	701 BRICKELL AVE STE 1550		
CITY-ST-ZIP	MIAMI 71 33131		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  DATE: **4-30-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #