

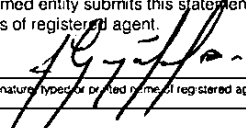
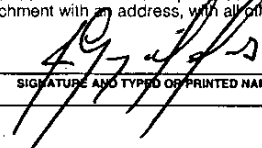


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90042 049 ***150.00

DOCUMENT # P04000041829 1. Entity Name CRISTONIC, CORP.		
Principal Place of Business 101 NW 47 AVE #7 MIAMI, FL 33126		Mailing Address 101 NW 47 AVE #7 MIAMI, FL 33126
2. Principal Place of Business 210 S.W. 66 Avenue Suite, Apt. #, etc.	3. Mailing Address 210 S.W. 66 Avenue Suite, Apt. #, etc.	50032202 
City & State Miami, FL Zip 33144 Country	City & State Miami, FL Zip 33144 Country	4. FEI Number 34-1988240 Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent GONZALEZ, JOSE I 101 NW 47 AVE #7 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name Jose I. Gonzalez Street Address (P.O. Box Number is Not Acceptable) 210 S.W. 66 Avenue City Miami FL Zip Code 33144
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: 		
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 DP NAME GONZALEZ, JOSE I STREET ADDRESS 101 NW 47 AVE #7 CITY-ST-ZIP MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE DP NAME Jose I. Gonzalez STREET ADDRESS 210 S.W. 66 Avenue CITY-ST-ZIP Miami, FL 33144
TITLE ST NAME LUNA, CLAUDIA STREET ADDRESS 101 NW 47 AVE #7 CITY-ST-ZIP MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE ST NAME Claudia Luna STREET ADDRESS 210 S.W. 66 Avenue CITY-ST-ZIP Miami, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: 		Date: 3/22/05 Daytime Phone #: (305) 767-5355