2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000041829 1. Entity Name CRISTONIC, CORP.								03-30-2005 90042 049 ***150.00					
Principal Place of Business 101 NW 47 AVE #7 MIAMI, FL 33126			1	Mailing Address 101 NW 47 AVE #7 MIAMI, FL 33126							50032202		
2. Principal Place of Business				3. Mailing Address 210 5.W. Lolo Owenue									
210 6.W. lele Uvenue Suite, Apt. #, etc.				210 5.W. 66 Suite, Apt. #, etc.			المال	02102005	Chg-P	CR2E034 (10/03)			
City & State Miami , FL				City & State MI ami FL			•	4. FEI Numb	1988 240	>		plied For t Applicable	
^{Zip} ුරිදි		Country		33144	Cour	itry	~			~@ ~	\$8.75 Addi	tional	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name 7000 T C 0070007						
GONZALEZ, JOSE I						Street Address (P.O. Box Number is Not Acceptable)							
101 NW 47 AVE #7 MIAMI, FL 33126						alo s.w. blo avenue					<u>.</u>		
							City Miami			FL Zip Cod			
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 Short transfer or that of the Unit stand and the United and the United Analysis and the Unit										DATE			
Signature Properties or And of the fill registered agent and bije it applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.								00 May Be ed to Fees	t An make nage	••			
10.		OFFICERS	AND DIREC	CTORS	11.			ADDITIONS	CHANGES TO OFFIC	ERS AN			
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TITLE	ST			☐ Delete	TITL	E	ST		<u> </u>		Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	LUNA, CL 101 NW 4 MIAMI, FL	7 AVE #7				E ET ADDRESS '- ST- ZIP	210	edio L	unci lulo (Ivenue - 33144	_			
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TITLE		L -		☐ Delete	TITU						☐ Change	Addition	
NAME Street Address City-St-Zip	-					ET ADDRESS -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 empowared beexecute 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.													