2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 13, 2006 8:00 am
Secretary of State
03-13-2006 90083 029 ***150.00

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DOCUMENT # P05000006656

1. Entity Name
CRIPTON BUILDERS CORP.

Principal Place of Business	Mailing Address
430 SW 11 AVE APT 2 MIAMI, FL 33130	430 SW 11 AVE APT 2 MIAMI, FL 33130

2. Principal Place of Business		3. Mailing Address	
430 SW 11 AVE		430 SW 11 AVE	
Suite, Apt. #, etc. #3		Suite, Apt. #, etc. #3	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33130	Country US	Zip 33130	Country US

4. FEI Number 20-2172230 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MORENO, WILFREDO
430 SW 11 AVE APT 2 APT. #3.
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORENO, WILFREDO 430 SW 11 AVE APT 2 APT-#3. MIAMI, FL 33130	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: ______________________ 2/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #