

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90167 036 \*\*\*150.00

<b>DOCUMENT # L46691</b> 1. Entity Name <b>CRISGORY ENTERPRISES, INC.</b>					
Principal Place of Business <b>1890 S.W. 57TH AVE., STE. 109 MIAMI, FL 33155</b>			Mailing Address <b>1890 S.W. 57TH AVE., STE. 109 MIAMI, FL 33155</b>		
2. Principal Place of Business <b>601 SW 57 Ave # E</b> Suite, Apt. #, etc.			3. Mailing Address <b>601 SW 57 Ave</b> Suite, Apt. #, etc. <b>Unit E</b>		
City & State <b>Miami FLORIDA</b>			City & State <b>Miami FL</b>		
Zip <b>33144</b>			Zip <b>33144</b>		
Country <b>DADE</b>			Country <b>DADE</b>		
4. FEI Number <b>58-1883844</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>DIAZ, ELENA</b> <b>1890 S.W. 57TH AVE., STE. 109-</b> <b>MIAMI, FL 33155</b>			7. Name and Address of New Registered Agent Name <b>Elena Diaz</b> Street Address (P.O. Box Number is Not Acceptable) <b>601 SW 57 Ave Unit E</b> City <b>Miami</b> FL Zip Code <b>33144</b>		
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DTVP GRANDA, JORGE R 1890 SW 5TH AVENUE 109 MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OPS TRUESDELL, GLADYS 1890 S.W. 57TH AVE., STE. 109 MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Jorge Granda</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4-27-06</u> (305) 266-2428 <small>Date Daytime Phone #</small>		