

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90017 008 \*\*\*150.00

**DOCUMENT # 408520**

1. Entity Name  
**CRYSTAL BOWL, INC. THE**



Principal Place of Business

**ROYAL PALM PLAZA #34  
193 PATIO DE FUENTE  
BOCA RATON, FL 33432**

Mailing Address

**ROYAL PALM PLAZA #34  
193 PATIO DE FUENTE  
BOCA RATON, FL 33432**

**04038836**



2. Principal Place of Business

**#54 Royal Palm Plaza**

Suite, Apt. #, etc.

**344 Esplanade**

City & State

**Boca Raton, FL 33432**

Zip

Country

3. Mailing Address

**#54 Royal Palm Plaza**

Suite, Apt. #, etc.

**344 Esplanade**

City & State

**Boca Raton, FL 33432**

Zip

Country

03192004

Chg-P

CR2E034 (10/03)

4. FEI Number

**59-1416989**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CIMINO, ROBERT S.  
315 S E MINZER BLVD #212  
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name

**Elisabeth Previc Foster**

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

**#54 Royal Palm Plaza**

**344 Esplanade**

City

**Boca Raton**

**FL**

Zip Code  
**33432**

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 **Elisabeth Previc Foster PSD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-19-04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
PREVIC, ELISABETH  
1190 S.W. 14TH STREET  
BOCA RATON, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: **Elisabeth Previc PSD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-19-04**