2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 10, 2008 08:00 A Secretary of State **DOCUMENT # 471898** 1. Entity Name CRYSTAL NURSERY, INC. Principal Place of Business Mailing Address 20 S.W. 27TH AVE. 3RD FLOOR 20 S.W. 27TH AVENUE 3RD FLOOR POMPAÑO BEACH FL 33069 POMPANO BCH. FL 33069 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number City & State Applied For 59-1681066 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LIEURANCE, MARY A Street Address (P.O. Box Number is Not Acceptable) 300 E CHURCH ST. APT. 1404 ORLANDO FL. 32801 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poin, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or crimed learning invastmed agent and the if applicable (NOTE: Registrated Agent significance required when roin-things DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Defete TITLE ☐ Addition NAME CRISTI, ROBERT NAME STREET ADDRESS 10471 N.W. 18TH PLACE STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33026 CITY-ST-7IP TITLE ST ☐ Derete TITLE Addition U00000888426 NAME MOREL, ELEANOR NAME 04/22/08-80012-016 150.00 STREET ADDRESS 3361 N.W. 22ND COURT STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33066 CITY-ST-ZIP THE ☐ Derete TITLE Change Addition NAME NAME STREET ADDRESS STRÉET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Derete TITLE ☐ Change Addition MOM-STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-S1-ZIP TITLE Defete Addition ☐ Change

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

CITY - ST - ZIF

NAME

STREET ADDRESS

A/A/I

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/08 (954) 973-14/2 Daysono Proces