

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 471898

**FILED**  
**Jan 28, 2010**  
**Secretary of State**

**Entity Name:** CRYSTAL NURSERY, INC.

**Current Principal Place of Business:**

20 S.W. 27TH AVE.  
3RD FLOOR  
POMPANO BCH., FL 33069 US

**New Principal Place of Business:**

20 S.W. 27TH AVE.  
STE. 200  
POMPANO BCH., FL 33069 US

**Current Mailing Address:**

20 S.W. 27TH AVENUE  
3RD FLOOR  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

20 S.W. 27TH AVENUE  
STE. 200  
POMPANO BEACH, FL 33069 US

**FEI Number:** 59-1681066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIEURANCE, MARY A  
300 E CHURCH ST.  
APT. 1404  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SOLDINI, DONALD B  
Address: 20 S.W. 27TH AVE., STE. 200  
City-St-Zip: POMPANO BEACH, FL 33069

Title: ST  
Name: MOREL, ELEANOR  
Address: 3361 N.W. 22ND COURT  
City-St-Zip: COCONUT CREEK, FL 33066

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD B. SOLDINI

P

01/28/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date