


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 651699 1. Entity Name EDDY & CRISTI, INC.	
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Principal Place of Business 3974 WEST 12TH AVE HIALEAH, FL 33012	Mailing Address 3974 WEST 12TH AVE HIALEAH, FL 33012
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**DO NOT WRITE IN THIS SPACE**



03232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2000261	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORT, GILBERTO V  
717 PONCE DE LEON  
S205  
CORAL GABLES, FL 33134

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 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	PD NAVARRO, OSCAR 8927 S.W. 151 AVE RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NAVARRO, NEREYDA 8927 S.W. 151 AVE RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MENDEZ, TERESA 3630 W. 13 AVE HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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000000684294  
04/06/07-80026-025 150.00

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: *Cristi Eddy* 03-30-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #