


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 651699**  
 1. Entity Name  
**EDDY & CRISTI, INC.**



Principal Place of Business  
**3974 WEST 12TH AVE  
 HIALEAH, FL 33012**

Mailing Address  
**3974 WEST 12TH AVE  
 HIALEAH, FL 33012**

**DO NOT WRITE IN THIS SPACE**



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2000261** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000943238  
 05/29/08-80051-007 150.00

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE IN THIS SPACE**

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:** *[Signature]* **04-28-08**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #