


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90028 022 ****61.25

DOCUMENT # 704559			
1. Entity Name CRYSTAL COURT #3, INC.			
Principal Place of Business 2522 HAYES STREET HOLLYWOOD FL 33020		Mailing Address 2522 HAYES STREET HOLLYWOOD FL 33020	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

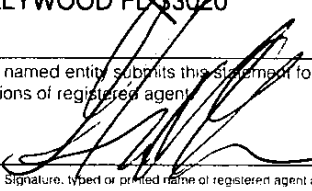


2nd MOORE CR2E037 (4/07)

4. FEI Number 59-6177193		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CONSTANTINESU, GEORGE 2524 HAYES STREET #12 HOLLYWOOD FL 33020				Name TOM VOYLES			
				Street Address (P.O. Box Number is Not Acceptable) 2522 HAYES ST.			
				Apt # APT # 3			
				City HOLLYWOOD		State FL	

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.

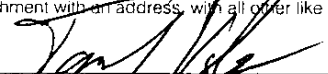
SIGNATURE  **GEORGE CONSTANTINESU** DATE **8/1/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By September 5, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GHEORGHE, CONSTANTINESU			NAME			
STREET ADDRESS	2524 HAYES ST, APT 12			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020			CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOYLES, TOM			NAME			
STREET ADDRESS	2522 HAYES ST., #3			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GENEGA, NICHOLAS			NAME			
STREET ADDRESS	2524 HAYES STREET #11			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOJTHY, JULIUS			NAME			
STREET ADDRESS	2524 HAYES ST, # 2			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKOTA, MATO			NAME			
STREET ADDRESS	2524 HAYES ST, #7			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DE MAIO, DONALD			NAME	RICHARD SAUER		
STREET ADDRESS	2524 HAYES ST #6			STREET ADDRESS	2524 HAYES STREET # 9		
CITY-ST-ZIP	HOLLYWOOD FL 33020			CITY-ST-ZIP	HOLLYWOOD, FL. 33020		

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 or empowered to execute this report as required by Chapter 617, 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:  **TOM VOYLES, 8/1/07** 954 925-5421