


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90399 029 ****61.25

DOCUMENT # 723477			
1. Entity Name CRYSTAL GREENS, INC.			
Principal Place of Business 4291 N.W. 9TH AVE #107 POMPANO BCH, FL 33064		Mailing Address BEACON PROPERTY MANAGEMENT, INC 500 NE SPANISH RIVER BLVD. STE 18 BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box # 500 NE Spanish River Blvd		3. Mailing Address	
Suite, Apt. #, etc. Ste 18		Suite, Apt. #, etc.	
City & State Boca Raton FL		City & State	
Zip 33431		Country US	
4. FEI Number 59-1439821		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 WILLIS, ERNEST W 500 NE SPANISH RIVER BLVD STE 18 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____			
Filing Fee is \$61.25 Due by May 1, 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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE OLIVZIRA, JULIANA <input checked="" type="checkbox"/> Delete 4291 N.W. 9TH AVE #203 POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID Deborah Shaffer-Meyer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4291 NW 9th Ave, #101 Pompano Beach, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STT SHAFFER-MEYER, DEBORAH <input type="checkbox"/> Delete 4291 NW 9TH AVE, #104 POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kim Snyder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4291 NW 9th Ave #101 Pompano Beach, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SIMON, MEL <input type="checkbox"/> Delete 4291 NW 9TH AVE, #205 POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <u>Deborah Shaffer-Meyer</u>		Date: <u>4/27/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	