


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90298 012 ***150.00

DOCUMENT # 845354		
1. Entity Name CRISLTA INVESTMENTS, INC.		

Principal Place of Business 8275 SW 124 ST PINECREST, FL 33156	Mailing Address 9651 S.W. 77TH STREET MIAMI, FL 33173
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60040100



2. Principal Place of Business		3. Mailing Address 7745 SW 86 St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt. D118	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
		33143	USA

02202006 Chg-P CR2E034 (11/05)

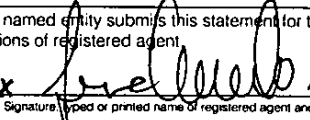
4. FEI Number 52-1181751	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent NUNEZ, TED 9651 S.W. 77TH STREET MIAMI, FL 33129	
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7. Name and Address of New Registered Agent	
Name Jose Andres Acevedo	
Street Address (P.O. Box Number is Not Acceptable) 7745 SW 86th St D-118	
City Miami	FL Zip Code 33143

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:  DATE: **4/7/06**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DE MANZANILLA, ILUMINDA CALLE 65 NUMBER 254-B MERIDA, YUCATAN, MEXI, <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
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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 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:  **JOSE ACEVEDO** DATE: **4/5/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR