
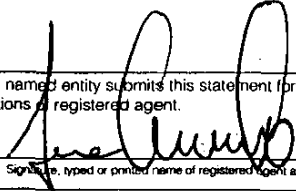


FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90022 026 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 845354 1. Entity Name CRISIELTA INVESTMENTS, INC.			
Principal Place of Business 8275 SW 124 ST PINECREST, FL 33156		Mailing Address 8261 SW 124TH ST PINECREST, FL 33156	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip		City & State Zip	
Country		Country	
4. FEI Number 52-1181751		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 ACEVEDO, JOSE 1473 SW 119TH AVE PEMBROKE PINES, FL 33025		7. Name and Address of New Registered Agent Name Jose A Acevedo Street Address (P.O. Box Number is Not Acceptable) 605 Ives Dairy Rd G-203 City Miami FL Zip Code 33179	
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 02/04/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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
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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: Iluminda C de Manzanilla <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		02/04/08 923-98-71 <small>Date Daytime Phone #</small>	