


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2005 08:00 AM
Secretary of State

DOCUMENT # F64593
 1. Entity Name
 CRISTAL BUYING OFFICE, INC.



Principal Place of Business Mailing Address
 % NIEVES OLEMBERG % NIEVES OLEMBERG
 800 NW 21ST STREET 800 NW 21ST STREET
 MIAMI, FL 33127 MIAMI, FL 33127



02142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-2195714 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 OLEMBERG, NIEVES
 800 NW 21ST STREET
 MIAMI, FL 33127

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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 _____
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	OLEMBERG, NIEVES
STREET ADDRESS	800 NW 21ST ST
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	OLEMBERG, ISAAC
STREET ADDRESS	800 NW 21ST ST
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	OLEMBERG, ROBERTO
STREET ADDRESS	800 N.W. 21 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ROBERTO OLEMBERG 2/14/05 (305) 325-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #