


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 12, 2007 08:00 A
Secretary of State**

DOCUMENT # F64593 1. Entity Name CRISTAL BUYING OFFICE, INC.	
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Principal Place of Business % NIEVES OLEMBERG 800 NW 21ST STREET MIAMI, FL 33127	Mailing Address % NIEVES OLEMBERG 800 NW 21ST STREET MIAMI, FL 33127
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2195714	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

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, 2007 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD OLEMBERG, NIEVES 800 NW 21ST ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OLEMBERG, ISAAC 800 NW 21ST ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OLEMBERG, ROBERTO 800 N.W. 21 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/21/07-80001-017 150.00

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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:  3/5/07 305-328-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #