

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90038 007 ***150.00

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02072006 Chg-P CR2E034 (11/05)

DOCUMENT # F95000000722 1. Entity Name CRISPAS, INC.					
Principal Place of Business C/O JOSEPH M. FILLOY CPA PA 100 N. BISCAYNE BLVD., #700 MIAMI, FL 33132			Mailing Address C/O JOSEPH M. FILLOY CPA PA 100 N. BISCAYNE BLVD., #700 MIAMI, FL 33132		
2. Principal Place of Business C/O: FILLOY STANISE & Co. Suite, Apt. #, etc. ONE SE 3rd AVE STE 1445 City & State MIAMI, FL Zip 33131 Country USA		3. Mailing Address FILLOY STANISE & Co. CPAs Suite, Apt. #, etc. ONE SE 3rd AVE STE 1445 City & State MIAMI, FL Zip 33131 Country USA		4. FEI Number 98-0043125 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 FILLOY, JOSEPH M CPA 100 N. BISCAYNE BLVD., #700 ***** (DECEASED 3/5/05) ***** MIAMI, FL 33132	
7. Name and Address of New Registered Agent Name JOHN STANISE Street Address (P.O. Box Number is Not Acceptable) C/O: FILLOY STANISE & Co. CPAs ONE SE 3rd AVE SUITE 1445 City MIAMI FL Zip Code 33131				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: <u><i>John Stanise</i></u> 2/7/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, MAURICIO NOVA TRADING COMPANY CRA, 9	<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	S LOPEZ, EDUARDO CRA, 9 # 81-48, OF 503 SANTAFE DE BOGOTA COLOMBIA,	<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
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: <u><i>John Stanise</i></u> 2/7/06 305373-7515 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					