


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90672 014 ***150.00

DOCUMENT # G23401
 1. Entity Name
CRISF, INC.



Principal Place of Business
9200 S DADELAND BLVD
STE 320
MIAMI, FL 33156 US

Mailing Address
9200 S DADELAND BLVD
STE 320
MIAMI, FL 33156 US

94050543



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

04062004 Chg-P CR2E034 (10/03)

Zip Country

Zip Country

4. FEI Number
59-2264514

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

FERNANDO PAIZ
9200 S DADELAND BLVD
STE 320
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** Delete
 NAME **PAIZ, FERNANDO**
 STREET ADDRESS **9200 S. DADELAND BLVD. #320**
 CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **D** Change Addition
 NAME **Paiz, Fernando J.**
 STREET ADDRESS **9200 S Dadeland Blvd #320**
 CITY-ST-ZIP **Miami, FL 33156**

TITLE **D** Delete
 NAME **PAIZ, ANABELLA**
 STREET ADDRESS **9200 S. DADELAND BLVD. #320**
 CITY-ST-ZIP **MIAMI, FL 33156**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DE OLIVEIRA, CLAUDIA**
 STREET ADDRESS **9200 S. DADELAND BLVD. #320**
 CITY-ST-ZIP **MIAMI, FL 33156**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____ **3/31/04** **(305) 670-9292**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #