
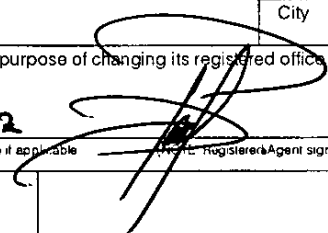
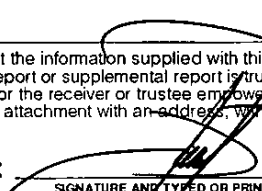


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90103 031 \*\*\*150.00

<b>DOCUMENT # G23401</b> 1. Entity Name <b>CRISF, INC.</b>			
Principal Place of Business 9200 S DADELAND BLVD STE <del>300</del> → 410 MIAMI FL 33156 US		Mailing Address 9200 S DADELAND BLVD STE <del>300</del> → NEW SUITE: MIAMI FL 33156 US #410	
2. Principal Place of Business <b>9200 S DADELAND BLVD</b>		3. Mailing Address <b>9200 S DADELAND BLVD</b>	
Suite, Apt. #, etc. <b>SUITE 410</b>		Suite, Apt. #, etc. <b>SUITE 410</b>	
City & State <b>MIAMI FL.</b>		City & State <b>MIAMI FL.</b>	
Zip <b>33156</b>	Country <b>USA</b>	Zip <b>33156</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent  <b>FERNANDO PAIZ</b> <b>9200 S DADELAND BLVD</b> <del>STE 300</del> → 410 <b>MIAMI FL 33156</b>		7. Name and Address of New Registered Agent Name <b>FERNANDO PAIZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>9200 S DADELAND BLVD Suite 410</b> City <b>MIAMI</b> FL Zip Code <b>33156</b>	
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 <b>FERNANDO PAIZ</b>  DATE <b>APRIL 28/05</b> <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>Registered Agent signature required when reinstating</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS PAIZ, FERNANDO ✓ 9200 S. DADELAND BLVD. # <del>300</del> 410 MIAMI FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAIZ, ANABELLA ✓ 9200 S. DADELAND BLVD. # <del>300</del> 410 MIAMI FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAIZ, FERNANDO J ✓ 9200 S. DADELAND BLVD. # <del>300</del> 410 MIAMI FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		APRIL 28/05 (305)6709292 Date Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			