


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # G23401 1. Entity Name CRISF, INC.	
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Principal Place of Business 9200 S DADELAND BLVD SUITE 410 MIAMI, FL 33156 US	Mailing Address 9200 S DADELAND BLVD SUITE 410 MIAMI, FL 33156 US
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01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2264514	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 FERNANDO PAIZ 9200 S DADELAND BLVD STE 410 MIAMI, FL 33156
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00!
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS PAIZ, FERNANDO 9200 S DADELAND BLVD, 410 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAIZ, ANABELLA 9200 S DADELAND BLVD, 410 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAIZ, FERNANDO J 9200 S DADELAND BLVD, 410 MIAMI, FL 33156
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05/15/06-80014-021 150.00

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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:  **FERNANDO PAIZ** **4/27/06** **(305) 670 9292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #