

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90157 019 ***150.00

DOCUMENT # G34287

1. Entity Name

CRIS-MEL, INC.



Principal Place of Business

289 SUNNY ISLES BLVD
N MIAMI BCH FL 33160

Mailing Address

289 SUNNY ISLES BLVD
N MIAMI BCH FL 33160



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2273367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REYES, MILAGROS
289 SUNNY ISLES BLVD.
N. MIAMI BEACH FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 PD ☐ Delete
NAME REYES, MILAGROS
STREET ADDRESS 13800 NE 12TH AVE APT 311B
CITY-ST-ZIP MIAMI FL 33161

TITLE PD ☒ Change ☐ Addition
NAME REYES, MILAGROS
STREET ADDRESS 3316 FLORIDA ST.
CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE VTS ☐ Delete
NAME REYES, MIREYA
STREET ADDRESS 13800 NE 12TH AVE APT 311B
CITY-ST-ZIP MIAMI FL 33161

TITLE VTS ☒ Change ☐ Addition
NAME REYES, MIREYA
STREET ADDRESS 3316 FLORIDA ST.
CITY-ST-ZIP HOLLYWOOD, FL 33021

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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 exemptions contained in Section 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 full power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/25/06 (305) 949-2609

Date

Daytime Phone #