

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H60383

1. Entity Name
CHRISAL CORP.



Principal Place of Business
954 SW 87 COURT
MIAMI, FL 33174

Mailing Address
954 SW 87 COURT
MIAMI, FL 33174

**FILED
Apr 28, 2004 08:00 AM
Secretary of State**



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2561820	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAGLUTA, MANUEL
954 S.W. 87 CT.
MIAMI, FL 33174

**DO NOT WRITE
IN THIS SPACE**

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 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

000000137156
04/29/04-80028-013 158.75

10. OFFICERS AND DIRECTORS

TITLE DP
NAME MAGLUTA, MANUEL
STREET ADDRESS 954 S.W. 87 CT.
CITY-ST-ZIP MIAMI, FL 33174

TITLE VS
NAME MAGLUTA, CHRISTIAN
STREET ADDRESS 954 SW 87 COURT
CITY-ST-ZIP MIAMI, FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/2004 305-559-3739

Date

Daytime Phone #