

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # J44004 1. Entity Name CHRISDA, INC.	
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Principal Place of Business 671 SW 9 CT POMPAÑO BEACH, FL 33060	Mailing Address 671 SW 9 CT POMPAÑO BEACH, FL 33060
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KIRSCH, DAVID 500 E TROPICAL WAY PLANTATION, FL 33317	DO NOT WRITE IN THIS SPACE
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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 _____
Signature must be typed or printed name of registered agent and the name of applicable officer. Registered Agent signature required when rendering. DATE _____

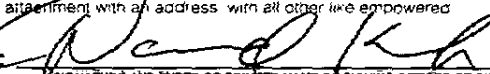
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIRSCH, DAVID F 500 E TROPICAL WAY PLANTATION, FL 33317
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IN THIS SPACE**

1100000165381
07/12/04-80011-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 	7-8-04 9545818300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Do/one Phone