


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90093 050 \*\*\*150.00

<b>DOCUMENT # J80668</b>					
1. Entity Name <b>CHRISTOPHER CENTER, INC.</b>					
Principal Place of Business <b>% FRED SCHWARTZ 2715 SPANISH RIVER RD BOCA RATON FL 33432</b>			Mailing Address <b>% FRED SCHWARTZ 2715 SPANISH RIVER RD BOCA RATON FL 33432</b>		
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 <b>59-2832331</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SCHWARTZ, ZELMA 2715 SPANISH RIVER ROAD BOCA RATON FL 33432</b>				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<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>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARTZ, FRED		NAME		
STREET ADDRESS	2715 SPANISH RIVER RD		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP	33432	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARTZ, DOUGLAS		NAME		
STREET ADDRESS	2410 HALYARD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MERRICK NY		CITY-ST-ZIP	11566	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHWARTZ, SUSAN		NAME		
STREET ADDRESS	17992 FOXBOROUGH LANE		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Fred Schwartz Pres</i> 3/26/05 <b>FRED SCHWARTZ</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>3/26/05</i> Daytime Phone # <i>561-368-1352</i>					



1st MOORE CR2E034 (10/04)