2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L08000078251

Entity Name: CHRISAL GROUP, LTD

Current Principal Place of Business:

445 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

PO BOX 61-0400
NORTH MIAMI, FL 33261-040

New Mailing Address:

PO BOX 61-0400
NORTH MIAMI, FL 332610400

FEI Number: 26-3183057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MORRIS, LINO G
445 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH, FL 33160 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete
Name: MORRIS, LINO G
Address: 445 POINCIANA ISLAND DRIVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VP ( ) Delete
Name: ZALKIN, HOWARD
Address: 2080 NE 197 TERRACE
City-St-Zip: MIAMI, FL 33179

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: M.D. ( ) Change (X) Addition
Name: MORRIS, MARINA G
Address: 445 POINCIANA ISLAND DRIVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LINO G. MORRIS CEO 01/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date