


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90399 031 ****61.25

DOCUMENT # N22096

1. Entity Name
CRYSTAL HILLS VI, INC.



Principal Place of Business
10621 N.W. 45TH STREET #1 POMPANO BEACH, FL 33064 US

Mailing Address
8409 BOCA RIO DRIVE BOCA RATON, FL 33433

2. Principal Place of Business - No P.O. Box #
1061 N.W. 45 St

3. Mailing Address
500 NE Spanish River Blvd Ste 18

City & State
DEERFIELD BEACH Boca Raton FL

Zip
33441 33431

Country
BR USA



02142007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1660901

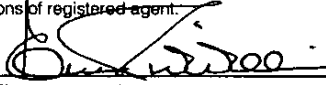
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BONTEMPO, DIONE
 8409 BOCA RIO DRIVE
 BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent
 Name
Ernie Willis/Bacon Property Mgmt
 Street Address (P.O. Box Numbers Not Acceptable)
500 NE Spanish River Blvd Ste. 18
 City
Boca Raton FL Zip Code
33431

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  **ERNEST W. WILLIS** DATE **4-24-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

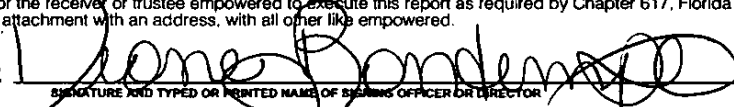
Filing Fee is **\$61.25** Due by **May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONTEMPO, DIONE P MRS. 8409 BOCA RIO DRIVE BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONTEMPO, DIONE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22709 SW 65 AVE #1 BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTOS, GLAUCIA K MRS. 525 ALBIN ST. TEANECK, NJ 07666 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FLEURY, MICHAEL <input type="checkbox"/> Change <input type="checkbox"/> Addition 1061 N.W. 45th St. #8 DEERFIELD BEACH FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TIAGO, LUIS C MR. 60 S.W. 8TH COURT DEERFIELD BEACH, FL 33441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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:  DATE: **4/27/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #