


FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90181 047 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P0000003624
 1. Entity Name
CRISROD, INC.



Principal Place of Business
 501-76 ST. APT 7
 MIAMI BEACH, FL 33141

Mailing Address
 501-76 ST. APT 7
 MIAMI BEACH, FL 33141

2. Principal Place of Business
 1170 98TH STREET
 Suite, Apt. #, etc. # 5

3. Mailing Address
 1170 98TH ST
 Suite, Apt. #, etc. SUITE # 5



CHECK HERE IF MAKING CHANGES

City & State BAY HARBOR, FL City & State BAY HARBOR, FL

4. FEI Number 65-0972999 Applied For Not Applicable

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

Zip 33154 Country USA Zip 33154 Country USA

6. Name and Address of Current Registered Agent
 MONGE, RODOLFO
 501-76 ST. APT 7
 MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent
 Name RODOLFO MONGE
 Street Address (P.O. Box Number is Not Acceptable) 1170 98TH STREET # 5
 City BAY HARBOR FL Zip Code 33154

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 Rodolfo Monge M DATE 8/25/03

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

FILE NOW!! FEE IS \$160.00
 After May 1, 2003 Fee will be \$550.00
 Antedated UBR is \$61.26
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONGE, RODOLFO 501-76 ST. APT 7 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONGE, RODOLFO 1170 98 TH ST # 5 BAY HARBOR, FL 33154 <input checked="" 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
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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 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: Rodolfo Monge M DATE 8/25/03 DAYTIME PHONE # (786) 258-2140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

Attachment
80142412

Miami, August 25th, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: CRISROD, INC
Doc Number P0000003624

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$150 to cover the following fees:

2003 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2000.

Your consideration will be greatly appreciated.

Sincerely,

Rodolfo Monge M.

Rodolfo Monge
President
1170 98th Street,
Suite # 5
Bay Harbor, FL 33154