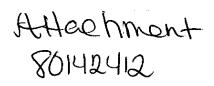
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

DOCU 1. Entity Nat CRISROI		09-02-2003 90181 047 ***150.00					
501-76 ST.	ce of Business APT 7 I, FL 33141	Mailing Address 501-76 ST. APT 7 MIAMI BEACH, FL 33141					
2. Principal Place of Business STREET 3. Malling Address 8 HA			٦ ST	-			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			5	CHECK HERE IF MAKING CHANGES		GES	
City & State BAY HAYbor, FL BAY HAYbor			m, FL	- 4.	FEI Number 65-0972999	_	Applied For Not Applicable
21p 3154 Country 33154			Country A	5.	Certificate of Status Desired	□ \$8.75 Fee Re	Additional
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
MONGE, RODOLFO Street Address (P.O. Box Number is Not Acceptable)							
MIAMI BEACH, FL 33141							
			(170	98th STree	<u>'</u>	5
C The show			City	<u> 324</u>	HARbor		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 ROCO PO MONDEN 8/25/03							
Signature, typed or prinded name of explanation and approximate. (NOTE: Registered Agent Signature required when reinstanting) (NOTE: Registered Agent Signature required when reinstanting)							
Make Check Payable to Fight Department of State Trust Fund Contribution. Added to Fees							
10. TITLE	PD OFFICERS AND I	Delete	11. TOLE	127	DDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	
NAME STREET ADDRESS	MONGE, RODOLFO 501-76 ST. APT 7	See .	NAME STREET ADDRESS	MON6	E, RODOIFO 98th ST #5	_	(10)
CITY-ST-ZIP	MIAMI BEACH, FL 33141		COY-ST-ZIP	BAYF	1A1801, FL 331.	54	CR2E034 (10)
TITLE NAME		☐ Delete	TITLE NAME			Che	ange 🗌 Addition
STREET ADDRESS			STREET ADDRESS				
TITLE		☐ Delete	CRY-ST-ZIP			☐ Che	unge 🔲 Addition
NAME_		The second	NAME		سے بدوشت ہے ہے۔		
STREET ADDRESS CITY-ST-2P			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Cha	inge 🔲 Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-2P		☐ Delete	CDY-ST-ZIP				inge Addition
NAME		L. Delpik	NAME				and and an arrange
STREET ADDRESS City-St-Zip			STREET ADDRESS City-St-Zip				
TITLE NAME		☐ Delete	TITLE NAME			☐ Che	inge 🔲 Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZP	certify that the information supplied with i	this filing does not qualify for the	CITY-ST-ZIP	ed in Section	119.07(3)(i). Florida Statutes. I fi	urther 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 of 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.							



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.

Rodolpo Monge M.

Sincerely,

Rodolfo Monge ... President

1170 98th Street,

Suite # 5

Bay Harbor, FL 33154