2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P00000081307 1. Entity Name CRIST SERVICES GROUP, CO.								Feb 02, 2004 08:00 AM Secretary of State		
Principal Place of Business Mailing Address								to the state of th	-	
7345 NW 54TH ST 734				5 NW 54TH ST						
MIAMI FL 33166 MIAMI FL 33166										
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2. Principal F	Place of Busin	ness	3. Ma	3. Mailing Address						
Suite, Apt #, etc			Surf	Suite, Apt. #, etc.				MOORE CR2E034 (11/03)		
City & Stat	te		City	City & State			4	4. FEI Number 65-1050496 Applied F		
Zip		Country	Zip	Zip Coul		atry	5	5. Certificate of Status Desired See Required Fee Required		
6. Name and Address of Current Regi				stered Agent			7	7. Name and Address of New Registered Agent		
BORELLY, RICHARD 7345 NW 54TH ST MIAMI FL 33166						Name	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 Supnature, typed or printed name of registered agont and life if applicable (NOTE Registered Agent signature required when reinstating) DATE										
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing \$5.00 May Trust Fund Contribution.	r Be es	
10.							,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
RITLE NAME	D	BICHARD.				Ĕ.		☐ Change ☐ Addition		
NAME BORELLY, RICHARD STREET ADDRESS 7345 NW 54TH ST				naam Stre				U00000030536 02/04/04-80116-015 150.00		
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STREET ADDRESS CITY-ST-ZIP					et address -St-zip					
	l certify that the	information suppl	lied with this filling	does not qualify fo		1	n Sectio	on 119 07/31/6 Florida Statutae further earlifu that the information	ion	
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 attactment with an address with all other like empowered.										

FILED