


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000100031**

Entity Name  
**CRISANA CORPORATION**



Principal Place of Business  
**ALHAMBRA PLAZA**  
**SUITE 860**  
**CORAL GABLES, FL 33134**

Mailing Address  
**2 ALHAMBRA PLAZA**  
**SUITE 860**  
**CORAL GABLES, FL 33134**



Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

01112006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-104960Z**

Applied For  
 Not Applicable

Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**VILA, OSCAR J III**  
**ALHAMBRA PLAZA**  
**SUITE 860**  
**CORAL GABLES, FL 33134**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number Is Not Acceptable)  
 City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

OFFICERS AND DIRECTORS		
OFFICER	PD PADRON, CARLOS E 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
OFFICER	VD VILA, OSCAR J III 2 ALHAMBRA PLAZA, SUITE 860 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
OFFICER		<input type="checkbox"/> Delete
OFFICER		<input type="checkbox"/> Delete
OFFICER		<input type="checkbox"/> Delete
OFFICER		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000397102  
 01/30/06-80035-016 150.00

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 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: *Oscar J. Vila* **Oscar J. Vila, VP** 1/18/06 (305) 461-4888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #