

**2005 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**DOCUMENT # P01000074558**  
 1. Entity Name  
 CRISTOFFER, INC.



FILED  
 05 JUL 27 PM 2: 56  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business: 2729 SCOTT STREET, HOLLYWOOD, FL 33020  
 Mailing Address: 2729 SCOTT STREET, HOLLYWOOD, FL 33020

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

Barcode  
 07012005 Chg-P CR2E034 (10/03)  
 4. FEI Number: 65-1125455 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SALOMONE, HECTOR V  
 500 N.E. 10TH AVENUE  
 FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent  
 Name: CRISTINA UZCATEGUI  
 Street Address (P.O. Box Number is Not Acceptable): 500 NE 10 AVENUE  
 City: Fort Lauderdale, FL Zip Code: 33301

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: *[Signature]* DATE: 7/25/05  
 (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25  
 9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: D NAME: SALOMONE, HECTOR V STREET ADDRESS: 500 NE 10TH AVENUE CITY-ST-ZIP: FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: CRISTINA UZCATEGUI STREET ADDRESS: 500 NE 10 AVENUE CITY-ST-ZIP: FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ST NAME: HECTOR V. SALOMONE STREET ADDRESS: 500 NE 10 AVENUE CITY-ST-ZIP: FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: *[Signature]* Date: 7/25/05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/05 954  
 119-1017