

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90080 047 ***158.75

DOCUMENT # P01000095836

1. Entity Name

CRYSTAL STREAM WATER INC.

755504

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
6760 BULL RUN ROAD, STE 347

Suite, Apt. #, etc.
18520 N.W. 67 AVE # 262

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
651143329

Applied For
Not Applicable

Zip
33014

Country
USA

Zip
33015

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name OSCAR W. FONSECA

Street Address (P.O. Box Number is Not Acceptable)
6760 BULL RUN ROAD, SUITE 347

City MIAMI LAKES FL Zip Code 33014

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. OSCAR W. FONSECA 6760 BULL RUN ROAD, STE 347 MIAMI LAKES, FLORIDA 33014
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CARMEN MARTINEZ 5762 WEST 2ND COURT HIALEAH, FLORIDA 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ALFREDO CARABALLO 1821 WEST 73 PLACE HIALEAH, FLORIDA 33014
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**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carmen Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARMEN MARTINEZ 03/14/2002

(305)558-3378

Date

Daytime Phone #

CR2E034B (12/01)