

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # P02000051584
 1. Entity Name
 CHRISTIANE CORP.



Principal Place of Business
 209 ROYAL POINCIANA WAY
 PALM BEACH, FL 33480

Mailing Address
 209 ROYAL POINCIANA WAY
 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE



03302008 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3065876	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, ROBERT S
 209 ROYAL POINCIANA WAY
 PALM BEACH, FL 33480

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U00000889760
 04/22/08-80065-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARGINTAR, CHRISTIANE 209 ROYAL POINCIANA WAY W PALM BCH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, HENRY T 209 ROYAL POINCIANA WAY W PALM BCH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS-STEWART, LAURENCE C 209 ROYAL POINCIANA WAY W PALM BCH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. 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: *Christiane Argintar*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTIANE ARGINTAR
 3/30/2008 561-833-2241
 Date Daytime Phone #