2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90239 007 ***150.00

DOCUMENT # P02000066791

1. Entity Name
CRYSTAL FLORIDA INC.

Principal Place of Business	Mailing Address
6465 COLLEGE PARK CIR., APT 201 NAPLES, FL 34113	6465 COLLEGE PARK CIR., APT 201 NAPLES, FL 34113

04122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4280 East Tamiami Trail	4280 East Tamiami Trail
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101
City & State Naples, Florida	City & State Naples, Florida
Zip / Country 34112	Zip / Country 34112

4. FEI Number
68-0515198
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARAT, ENGIN 4280 TAMIAMI TRAIL E. SUITE 101 NAPLES, FL 34112	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 _____ 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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BADEMLI, MUNIP 1981 ROOKERY BAY DR., #502 NAPLES, FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	6465 College Park Circle #201 Naples, Florida 34113
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BADEMLI, BERK 1981 ROOKERY BAY DR., #502 NAPLES, FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	4437 18th Place S.W. Naples, Florida 34116
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ARAT, ENGIN 1981 ROOKERY BAY DR., #502 NAPLES, FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	6465 College Park Circle #201 Naples, Florida 34113
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BADEMLI, FATMA 1981 ROOKERY BAY DR., #502 NAPLES, FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	6465 College Park Circle #201 Naples, Florida 34113
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ARAT, BURCAK 1981 ROOKERY BAY DR., #502 NAPLES, FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	6465 College Park Circle #201 Naples, Florida 34113
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BADEMLI, JENNIFER 1981 ROOKERY BAY DR., #502 NAPLES, FL 34114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition	4437 18th Place S.W. Naples, Florida 34116

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: F. Arat 04.13.04 (239)732-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #