

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90039 031 ***150.00

DOCUMENT # P02000073100 1. Entity Name KAREN'S CRYSTAL LAND, INC.					
Principal Place of Business 21904 PALMETTO CIRCLE N BOCA RATON, FL 33433			Mailing Address 21904 PALMETTO CIRCLE N BOCA RATON, FL 33433 7770 Kenway Pl W Boca Raton, FL 33433		
2. Principal Place of Business 9858 Clint Moore Road,		3. Mailing Address 9858 Clint Moore Road,			
Suite, Apt. #, etc. C-112		Suite, Apt. #, etc. C-112			
City & State Boca Raton, FL		City & State Boca Raton, FL			
Zip 33408 33496		Zip 33408 33496		4. FEI Number 11-3642985	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, MAN LUP 21904 PALMETTO CIRCLE N BOCA RATON, FL 33433				7. Name and Address of New Registered Agent 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 _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 ☐ Delete P LEE, MAN LUP 21904 PALMETTO CIRCLE N BOCA RATON, FL 33433				TITLE NAME STREET ADDRESS CITY ST ZIP ☒ Change ☐ Addition P Lee, Man Lup 7770 Kenway Place West, Boca Raton, FL 33433	
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete				TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	
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 fee empowered.					
SIGNATURE: <u>X</u> <u>Man Lup Lee, President</u> <u>03/16/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					