

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000075905**

1. Entity Name  
**CRT MATERIALS, INC.**



**Principal Place of Business**

**1562 PARK LANE SOUTH  
SUITE #700  
JUPITER, FL 33458**

**Mailing Address**

**1562 PARK LANE SOUTH  
SUITE #700  
JUPITER, FL 33458**



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0736571**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RESTLY, MICHAEL  
1562 PARK LANE SOUTH  
SUITE #700  
JUPITER, FL 33458**

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME COSTA, JORGE  
STREET ADDRESS 1562 PARK LANE SOUTH #700  
CITY-ST-ZIP JUPITER, FL 33458

TITLE D  
NAME RESTLY, MICHAEL  
STREET ADDRESS 1562 PARK LANE SOUTH #700  
CITY-ST-ZIP JUPITER, FL 33458

TITLE D  
NAME BLOHM, GRANT  
STREET ADDRESS 1562 PARK LANE SOUTH #700  
CITY-ST-ZIP JUPITER, FL 33458

TITLE D  
NAME LIPMAN, DAVID  
STREET ADDRESS 1562 PARK LANE SOUTH #700  
CITY-ST-ZIP JUPITER, FL 33458

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000242394  
02/24/05-80086-003 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Frank J. Salvia* **FRANK J. SALVIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2/15/05* **561.744-2258**