


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0045341 AV

DOCUMENT # P02000090551

1. Entity Name
~~CRYSTALA ENLIGHTENMENT, INC.~~
CRYSTALS ENLIGHTENMENT, INC



03 SEP 12 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1521 LENOX AVE #104
MIAMI BEACH FL 33139

Mailing Address
1521 LENOX AVE #104
MIAMI BEACH FL 33139

Handwritten initials



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0927829** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
COSTA, CARLOS V
1521 LENOX AVE #104
MIAMI BEACH FL 33139

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 *Calcosta* (CARLOS COSTA) DPS DATE 09.08.2003

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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	DPS COSTA, CARLOS V 1521 LENOX AVE #104 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900023517099 10/02/03--01072--027 **\$550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COSTA LUENEGERG, CAMILA V 2940 FOREST HILLS BLVD #30 CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CAMILA V COSTA LUENEGERG 9488 PALM CIRCLE SOUTH PEMBROKE PINES, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COSTA, ANDRESSA V 1521 LENOX AVE #104 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Calcosta* **SIGNATURE REQUIRED** DATE 09.08.2003 DAYTIME PHONE # 011556181172005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)