

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # P02000131354 1. Entity Name CRYSTAL CLEANING & CONTRACTING, INC.	
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Principal Place of Business 668 ARLINGTON DRIVE WEST PALM BEACH, FL 33415	Mailing Address 668 ARLINGTON DRIVE WEST PALM BEACH, FL 33415
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02272008 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1142291	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BONFANTE, CAROLINE 668 ARLINGTON DRIVE WEST PALM BEACH, FL 33415
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**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 _____ (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	000000857748 04/01/08-80017-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BONFANTE, CAROLINE 668 ARLINGTON DRIVE WEST PALM BEACH, FL 33415
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**DO NOT WRITE
IN THIS SPACE**

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: *Caroline Bonfante* **3-12-2008** **561 3044040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #