

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 07, 2007 8:00 am**  
**Secretary of State**

08-07-2007 90026 019 \*\*\*150.00

DOCUMENT # P03000027671

1. Entity Name  
CRISTO INVESTMENT PROPERTIES, INC.



Principal Place of Business  
628 SW BRYANT AVE.  
STUART, FL 34994 US

Mailing Address  
628 SW BRYANT AVE.  
STUART, FL 34994 US

2. Principal Place of Business - No P.O. Box #  
**550 SW. Nadell Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**550 SW. Nadell Ave**  
Suite, Apt. #, etc.



07102007 Chg-P CR2E034 (12/06)

City & State  
**Port Saint Lucie, FL**  
Zip  
**34953** Country

City & State  
**Port Saint Lucie, FL**  
Zip  
**34953** Country

4. FEI Number  
35-2198322 Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

CRISTO, DANIEL  
628 SW BRYANT AVE.  
STUART, FL 34994

## 7. Name and Address of New Registered Agent

Name  
**Cristo, Daniel**

Street Address (P.O. Box Number is Not Acceptable)  
**550 SW. Nadell Ave**

City  
**Port Saint Lucie FL** Zip Code  
**34953**

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]*  
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**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
CRISTO, DANIEL  
628 SW BRYANT AVE.  
STUART, FL 34994 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
Cristo, Daniel  
550 SW. Nadell Ave  
Port Saint Lucie, FL 34953 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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CITY - ST - ZIP  
☐ Change ☐ Addition

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 I am empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #