

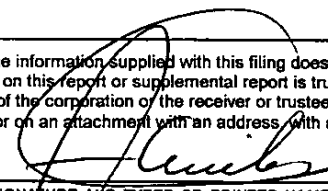
2005

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90431 024 \*\*\*150.00

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<b>DOCUMENT #</b> P03000047969					
1. Entity Name Chrissan Corp.					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip 33126-1222			3. Mailing Address 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip 33126-1222		
Country USA			Country USA		
4. FEI Number 65-1184708			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
<b>DO NOT WRITE IN THIS SPACE</b>					
7. Name and Address of Current Registered Agent					
Name del Valle, Manuel R.					
Street Address (P.O. Box Number is Not Acceptable) 7300 N.W. 19th St.					
Suite 101					
City Miami					
FL Zip Code 33126-1222					
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 _____					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P/T Christopher, Aquiles A. Ave. Sarasota No. 71, Bella Vista Sto. Dom., Dominican Republic		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S Miqui, Yiraniza Ave. Sarasota No. 71, Bella Vista Sto. Dom., Dominican Republic		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE:  Aquiles A. Christopher 809-562-1694					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-14-05 Daytime Phone #					

CR2E034B (12/02)