

2006

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90171 006 ***150.00

DOCUMENT # P03000047969

1. Entity Name

Chrissan Corp.

DO NOT WRITE IN THIS SPACE

40086021

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7300 N.W. 19th St.

Suite, Apt. #, etc.

Suite 101

City & State

Miami, FL

Zip

33126-1222

Country

USA

3. Mailing Address

7300 N.W. 19th St.

Suite, Apt. #, etc.

Suite 101

City & State

Miami, FL

Zip

33126-1222

Country

USA

4. FEI Number

65-1184708

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****DO NOT WRITE IN THIS SPACE**

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. ☐**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D/P/T
NAME Christopher, Aquiles A.
STREET ADDRESS Ave. Sarasota No. 71, Bella Vista
CITY - ST - ZIP Sto. Dom., Dominican Republic

TITLE D/S
NAME Miqui, Yiraniza
STREET ADDRESS Ave. Sarasota No. 71, Bella Vista
CITY - ST - ZIP Sto. Dom., Dominican Republic

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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 exemption stated in Section 19.07(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 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 4/20/06 Daytime Phone #