

2008

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90193 015 ***150.00

DOCUMENT # P03000047969	
1. Entity Name Chrissan Corp.	

DO NOT WRITE IN THIS SPACE**40106036**

2. Principal Place of Business Ave. Sarasota 71 Suite, Apt. #, etc. Bella Vista City & State Santo Domingo Zip Country Dom. Rep.	3. Mailing Address 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101 City & State Miami, FL Zip Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1184708	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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 \$650.00

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 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	
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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Aquiles A. Christopher

04-23-08

685-1570

809-562-1694

CR2E034B (12/02)