


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90001 018 ***150.00

DOCUMENT # P03000051371																																																																																																																																			
1. Entity Name CRYSTAL GABLES INVESTMENT USA, INC.																																																																																																																																			
Principal Place of Business 1320 SOUTH DIXIE HIGHWAY, SUITE 280 CORAL GABLES, FL 33146			Mailing Address 1320 SOUTH DIXIE HIGHWAY, SUITE 280 CORAL GABLES, FL 33146																																																																																																																																
2. Principal Place of Business 2484 SW 24 th TERRACE Suite, Apt. #, etc.		3. Mailing Address 2484 SW 24 th TERRACE Suite, Apt. #, etc.																																																																																																																																	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 72-1565841																																																																																																																															
Zip 33145		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent VALLEJO, CIRA M 1320 S. DIXIE HIGHWAY, SUITE 280 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2484 SW 24 th TERRACE City MIAMI FL Zip Code 33145																																																																																																																																
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 <u>CIRA D. VALLEJO</u> DATE <u>03/02/2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">D <input type="checkbox"/> Delete</td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">GARZON, EMIL K</td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1320 SOUTH DIXIE HIGHWAY, SUITE 280</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">CORAL GABLES, FL 33146</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">D <input type="checkbox"/> Delete</td> <td></td> <td style="padding: 2px;">TITLE</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">VALLEJO, CIRA M</td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">1320 SOUTH DIXIE HIGHWAY, SUITE 280</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">CORAL GABLES, FL 33146</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td></td> <td style="padding: 2px;">TITLE</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td></td> <td style="padding: 2px;">TITLE</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td></td> <td style="padding: 2px;">TITLE</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GARZON, EMIL K		NAME			STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY, SUITE 280		STREET ADDRESS			CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP			TITLE	D <input type="checkbox"/> Delete		TITLE			NAME	VALLEJO, CIRA M		NAME			STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY, SUITE 280		STREET ADDRESS			CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP			TITLE	<input type="checkbox"/> Delete		TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	<input type="checkbox"/> Delete		TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	<input type="checkbox"/> Delete		TITLE			NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			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 Block 11 if changed, or on an attachment with an address with all other like empowered.																																																																																																																																			
SIGNATURE: <u>EMIL K. GARZON</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>03/02/2004</u> Daytime Phone # <u>(305) 302-1946</u>																																																																																																																																