2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000068127

BRASS, ALAN B

8181 W. BROWARD BLVD. STE. 350

PLANTATION, FL 33325 US

Name:

Address:

City-St-Zip:

Entity Name: CRISMON, INC.

FILED Oct 18, 2006 Secretary of State

Entity Nai	me: CRISMO	N, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
14571 VIS DAVIE, FL	TA VERDI RO. . 33325	AD			
Current Mailing Address:			New Mailing Address:		
14571 VIS DAVIE, FL	TA VERDI RO. . 33325 US	AD			
FEI Number	: 57-1171873	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
AGUILAR, CARLOS 14571 VISTA VERDI ROAD DAVIE, FL 33325 US					
	named entity e of Florida.	submits this statement for the p	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE: CARLOS	AGUILAR			
	Electror	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
	S AND DIREC	- , ,	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (AGUILAR, CAR 14571 VISTA V DAVIE, FL 333	ERDI ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (AGUILAR, MON 14571 VISTA V DAVIE, FL 333	ERDI ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (AGUILAR, CRIS 14571 VISTA V DAVIE, FL 333	ERDI ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	s () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CARLOS AGUILAR P 10/18/2006