

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000076928

1. Entity Name

CRYSTAL BEACH, INC.



Principal Place of Business

5000 AVENUE OF THE STARS
KISSIMMEE FL 34746

Mailing Address

5000 AVENUE OF THE STARS
KISSIMMEE FL 34746



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number
20-0238413

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEYERS, HILLEL
5000 AVENUE OF THE STARS
KISSIMMEE FL 34746

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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's signature required when resigning.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | PSD | <input type="checkbox"/> Delete |
| NAME | MEYERS, HILLEL A | |
| STREET ADDRESS | 4875 PINETREE DRIVE | |
| CITY-ST-ZIP | MIAMI BEACH FL 33140 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | SINCLAIR, CYNTHIA | |
| STREET ADDRESS | 5000 AVENUE OF THE STARS | |
| CITY-ST-ZIP | KISSIMMEE FL 34746 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SHEPPARD, JENNIFER | |
| STREET ADDRESS | 4875 PINETREE DR | |
| CITY-ST-ZIP | KISSIMMEE FL 34746 | |
| TITLE | TV | <input type="checkbox"/> Delete |
| NAME | FINNOCCHIARO, VICTORIA | |
| STREET ADDRESS | 5000 AVENUE OF THE STARS | |
| CITY-ST-ZIP | KISSIMMEE FL 34746 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: HILLEL MEYERS, PRES *Hillel Meyers Pres* 2-6-08 907-997-7886