

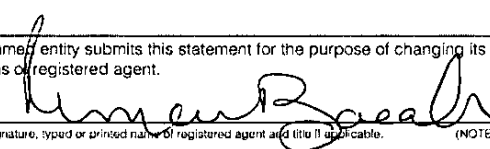
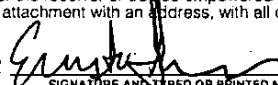


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000077076 1. Entity Name CHRISTOPHE, INC.						FILED 05 FEB 24 PM 2:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 121 25 NE 3 CT MIAMI, FL 33161				Mailing Address 121 25 NE 3 CT MIAMI, FL 33161			
2. Principal Place of Business 200 SE 15 Road Suite, Apt. #, etc. Unit 2 City & State MIAMI, FL Zip 33129		3. Mailing Address 200 SE 15 Road Suite, Apt. #, etc. Unit 2 City & State MIAMI FL Zip 33129				02102005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-5891489		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHRISTOPHE, BREAT 121 25 NE 3 CT MIAMI, FL 33161				7. Name and Address of New Registered Agent Name Rosemarie Bacallao, P.A. Street Address (P.O. Box Number is Not Acceptable) 1099 Coral Way, Suite 315 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  DATE 2/15/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP CHRISTOPHE, BREAT 121 25 NE 3 CT MIAMI, FL 33161 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Ernesto Garcia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15448 SW 92 St MIAMI, FL 33196		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHRISTOPHE, BREAT 121 25 NE 3 CT MIAMI, FL 33161 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Alexander Garcia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5835 SW 47 St MIAMI, FL 33155		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				Date 2/15/05 Daytime Phone #			

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