


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90376 019 ***150.00

DOCUMENT # P03000077076	
1. Entity Name CHRISTOPHE, INC.	

Principal Place of Business 200 SE 15 ROAD UNIT 2 MIAMI, FL 33129	Mailing Address 200 SE 15 ROAD UNIT 2 MIAMI, FL 33129
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. UNIT 1	Suite, Apt. #, etc. UNIT 1
City & State	City & State
Zip	Country



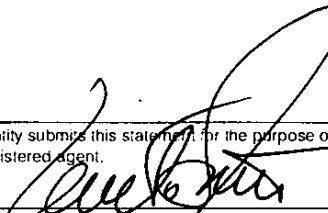
04102006 Chg-P CR2E034 (11/05)

4. FEI Number 06-1701362	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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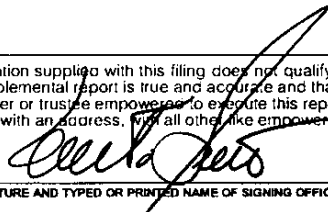
8. Name and Address of Current Registered Agent CANIZARES, JULIO 200 SE 15 ROAD UNIT 2 MIAMI, FL 33129	
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7. Name and Address of New Registered Agent	
Name ERNESTO GARCIA	
Street Address (P.O. Box Number is Not Acceptable) 200 SE 15 ROAD	
UNIT 1	
City MIAMI	FL Zip Code 33129

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARCIA, ERNESTO 15448 SW 92 STREET MIAMI, FL 33196 <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	SECRETARY JANET GARCIA 15448 SW 92 STREET MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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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 exemptions contained 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 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, for all other like empowered.	
SIGNATURE: 	Date 4-10-06 Daytime Phone # 305-860-5655