


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

05 JUL -1 12:11:13

RECEIVED DATE
05/07/2005

DOCUMENT # P03000105623		
1. Entity Name KRISTIAN & TONI SUBDIVISION CORP		

Principal Place of Business 7030 NW 177 ST A-101 MIAMI, FL 33015	Mailing Address 7030 NW 177 ST A-101 MIAMI, FL 33015
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2. Principal Place of Business 7711 SW 20 ST Suite, Apt. #, etc.	3. Mailing Address 7711 SW 20 ST Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL
Zip 33155	Country



06262005 Chg-P CR2E034 (10/03)

4. FEI Number 743105269 APPLIED FOR	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 JEREZ, JOSE 7030 NW 177 ST A-101 MIAMI, FL 33015	7. Name and Address of New Registered Agent Name: LOPEZ, JORGE Street Address (P.O. Box Number is Not Acceptable) 7711 SW 20 ST City: MIAMI FL Zip Code: 33155
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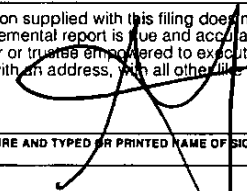
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

Amended AR is \$61.25	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	P JEREZ, JOSE 7030 NW 177 ST A101 MIAMI, FL 33015 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOPEZ, JORGE 7711 SW 20 ST MIAMI, FL 33155 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300057343943 07/12/05--01031--009 **61.25 <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
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 files empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6-28-05 Daytime Phone #