


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000086841	
1. Entity Name CRYSTAL COVE ENTERPRISES INC.	

Principal Place of Business 5030 CHAMPION BLVD #G6285 BOCA RATON, FL 33496	Mailing Address 5030 CHAMPION BLVD #G6285 BOCA RATON, FL 33496
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DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CRZED34 (11/05)

4. FEI Number 02-0726822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOLDIN, ARNOLD S 5030 CHAMPION BLVD #G6231 BOCA RATON, FL 33496
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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 _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOLDIN, ARNOLD S 5030 CHAMPION BLVD, #G6231 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDIN, MIRIAM 5030 CHAMPION BLVD, #G6231 BOCA RATON, FL 33496
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04/12/06-80035-016 150.00

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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, with all other like empowered.

SIGNATURE: SECTY 2/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #