## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000112041

Address:

City-St-Zip:

FILED Aug 29, 2006 Secretary of State

Entity Nam	1e: CHRISTAI	N MICHAEL, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
	113TH AVE. D, FL 33076							
Current Mailing Address:				New Mailing Address:				
	113TH AVE. D, FL 33076							
FEI Number:	54-2157558	FEI Number Applied For ( )	FEI Numl	ber Not Appli	cable ( )	Certific	ate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US				LEZAMA, M. TIMOTHY 6929 NW 113 AVENUE PARKLAND, FL 33076 US				
The above in the State		ubmits this statement for the p	urpose of	changing it	s registered	d office or i	registered agent, or both	,
SIGNATURE: M. TIMOTHY LEZAMA				08/29/2006				
	Electroni	Signature of Registered Age	nt				Date	
		(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	t receive th	e prior notice	).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PD ( ) I LEZAMA, M. TIM 6929 N.W. 113TI PARKLAND, FL	HAVE.	1	Title: Name: Address: City-St-Zip:		()Change	( ) Addition	
Title: Name: Address: City-St-Zip:	VT () I LEZAMA, LISA 6929 N.W. 113TI PARKLAND, FL		1	Title: Name: Address: City-St-Zip:		() Change	( ) Addition	
Title: Name: Address: City-St-Zip:	S () I RAMDASS, LISA 6929 N.W. 113TI PARKLAND, FL	HAVE.	1	Title: Name: Address: City-St-Zip:	S LEZAMA, M. 6929 N.W. 1 PARKLAND,	13TH AVE.	( ) Addition	
Title: Name:	()	Delete		Title: Name:	V RAMDASS. I	()Change LISA	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

9880 NW 56 PLACE

CORAL SPRINGS, FL 33076

SIGNATURE: M. TIMOTHY LEZAMA PD 08/29/2006