

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90055 042 \*\*\*150.00

**DOCUMENT # P04000114558**

1. Entity Name  
**CRYSTAL VIEW CHEMICALS, INC.**



Principal Place of Business  
**8520 VIA ROMANA  
1  
BOCA RATON, FL 33496**

Mailing Address  
**8520 VIA ROMANA  
1  
BOCA RATON, FL 33496**

**66003425**



**DO NOT WRITE IN THIS SPACE**

01102007 No Chg-P CR2E034 (11/05)

4. FCI Number <b>20-1461819</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**G. Name and Address of Current Registered Agent**

**KOTLER, MICHAEL PA  
54 SW BOCA RATON BLVD.  
BOCA RATON, FL 33432**

**DO NOT WRITE  
IN THIS SPACE**

II. 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and suit if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

III. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HOWELL, STEVEN
STREET ADDRESS	2229 NOVA VILLAGE DR.
CITY-ST-ZIP	DAVIE, FL 33317

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** *Steven Howell* **STEVEN HOWELL**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

*01/10/07* **01/10/07** **850-5259850**

Date Daytime Phone

*2/15/07*