

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000132831

1. Entity Name
CRYSTAL LAKES ASSOCIATES, INC.



Principal Place of Business
50 BROADWAY
NEW YORK, NY 10004

Mailing Address
50 BROADWAY
NEW YORK, NY 10004



03242008 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1655423

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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

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

(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. ☐

\$5.00 May Be
Added to Fees

U000000513096
04/29/06-80112-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GROSS, EDITH
STREET ADDRESS	4TH FLOOR, 50 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	SEC
NAME	GROSS, EDITH
STREET ADDRESS	4TH FLOOR, 50 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	TRES
NAME	GROSS, EDITH
STREET ADDRESS	4TH FLOOR, 50 BROADWAY
CITY-ST-ZIP	NEW YORK, NY 10004
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/06

Date

Daytime Phone #