

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90004 037 ***150.00

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1. Entity Name
CRYSTAL HOME HEALTH SERVICES, INC.



Principal Place of Business **350**
3600 SOUTH STATE ROAD 7, SUITE ~~242~~
MIRAMAR, FL 33023

Mailing Address **350**
3600 SOUTH STATE ROAD 7, SUITE ~~242~~
MIRAMAR, FL 33023



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1736527

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MUNIZ, CASILDA L
4870 NE 5 TERR
FORT LAUDERDALE, FL 33334

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME MUNIZ, CASILDA L **350**
STREET ADDRESS 3600 SOUTH STATE ROAD 7, SUITE ~~242~~
CITY-ST-ZIP MIRAMAR, FL 33023

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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: *Casilda L. Muniz* Casilda Muniz 2/9/06 (954) 989-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #