## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # \$04000157861



## FILED Jul 20, 2005 8:00 am **Secretary of State**

07-20-2005 90024 005 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

CHRISANIS, INC.

5005624R 3. Mailing Address
343 BAHIA BLANCA OR 2. Principal Place of Business 343 BAHIA BLANCA DR Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE PUNTA GORDA, FLORIDA City & State 4. FEI Number Applied For 20-1913504 INTA GOLDA FLORIDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired CHARLOTTE Fee Required 7. Name and Address of Current Registered Agent HNDREW Rokas DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) BAHIA IN THIS SPACE PUNTA GORDA 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. 7-14-05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee Is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE PRESIDENT TITI F ANDREN PROKOS 343 BAHIA BLANCA DR. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FLORIDA TITLE TREAGUREN SECRETARY TITLE SARAH PROKOS NAME NAME STREET ADDRESS STREET ADDRESS 343 BAHIA BLANCA DR. CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA, FLERIDA 33983 TITLE TITLE STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

MAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034B (12/02)

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I OPENED MY BUSINESS CORPORATION IN

NOVEMBER OF 2004. I NEVER RECIEVED ANY

REWENAL FORMS, I CALLED YOUR OFFICE AND

I WAS TOLD TO SOND IN THE \$150 DU

FEE WITH THIS LETTER.

THANK YOU Od Rule

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