2007 FOR PROFIT CORPORATION

KEINSTATEMENT									
DOCUMENT # P05000019136 1. Entity Name KHRYSTAL TRADING, INC.						FILED 07 MAR 12 AM 10: 19			
Principal Place of Business Mailing Address						· •.((g.))	AST IT STAT	F	
-251 SOUTH STATE ROAD 7-					1	121 252	E FLORI)Δ	
- PLANTATION, FL 33317 - PLANTATION, FL 33317 -				-			,	•	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2117 N. STATE ROAD 7 2117 N. STATE					, 	BAIRI BIAN BAIRI BARA DANK I	<u> </u>		
Suite, Apt. #, etc. Suite, Apt. #, etc.				12 10112	- REIN	STATEM	NT 06-	07	
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			City & State HOLLYWOOD,			217772	}	pplied For ot Applicable	
33021		Country BROWARD	^{Zip} 33021	Country BROWARD		of Status Desired	S8.75 Ad		
3302.	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
FLETCHER, ERROL - 251-SOUTH STATE ROAD 7					Street Address (P.O. Box Number is Not Acceptable)				
-PLANTATION, FL- 33317					2117 NORTH STATE ROAD 7				
					· -	·			
					HOLLYWOOD FL Zip Code 33021				
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.									
CICNATURE HALVEN ERRUL FIETCHER 318/07									
SIGNATURE Signature, typed or printed name of registered agent and tale d applicable (NOTE: Registered Agent alignature required when relinatating) DATE									
FII	LE NOW!!!	FEE IS \$300.00					th s. 607.193(2)(b), ot receive the prior		
		05510550	D DUDGOVODO	.	ADDITIONS	OLUMBEO TO OFFIC	FOO AND DIDECTOR	NO 101 44	
IITLE	D	OFFICERS AN	D DIRECTORS Delete	. 11. TITLE	ADDITIONS/	CHANGES TO OFFIC	Change	Addition	
NAME	FLETCHER			NAME			•	_	
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TITLE	1 5/1/1/1/1	911, 12 00011	☐ Delete	TITLE	HOLLYWOOD	, FL 33	□ Change	Addition	
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STREET ADDRESS		13/12		STREET ADDRESS CITY-ST-ZIP]	
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NAME		V	L. Delae	NAME.	O(0 <mark>00932</mark> 70701011-	49140		
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EIT1 C		·	□ Dalala	TILLE			☐ Change	☐ Addition	
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name Street address			☐ Delete	NAME SIREET ADDRESS			☐ Change	Addition Addition	
NAME STREET ADDRESS CITY-ST-ZIP				NAME SIREET ADDRESS CITY-ST-ZIP	lained in Chapter 14	Elorida Statutos 14			
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the column.	d on this report rporation or th	: or supplemental repor e receiver or trustee en	Delete with this filling does not qualify for t is true and accurate and that my powered to execute this report as, with all other like empowered.	NAME SIREET ADDRESS CITY-ST-ZIP the exemptions cont y signature shall have s required by Chapte	e the same legal effe er 607, Florida Statute	ct as it made under or as; and that my name	urther certify that the ath; that I am an office appears in Block 10 o	information or or director or Block 11 if	
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the column.	d on this report reporation or th I, or on an atta	: or supplemental repor e receiver or trustee en	nth this filling does not qualify for t is true and accurate and that my powered to execute this report a	NAME SIREET ADDRESS CITY-ST-ZIP the exemptions cont y signature shall have s required by Chapte	e the same locial effor	ct as it made under or as; and that my name	urther certify that the	information or or director or Block 11 if	