

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 AUG 23 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000160970 1. Entity Name KRYSTA INVESTMENTS, INC.																													
Principal Place of Business 730 NW 107TH AVE SUITE 120 MIAMI, FL 33172			Mailing Address 730 NW 107TH AVE SUITE 120 MIAMI, FL 33172																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
4. FEI Number Applied For <input type="checkbox"/> Not Applicable			07052006 Chg-P CR2E034 (11/05)																										
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent LEHMAN, RICHARD S 2600 N MILITARY TRAIL BOCA RATON, FL 33431																										
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																										
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">P, S, D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Anon Naipaul</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>730 NW 107th Av, #120</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami, FL 33172</td> <td></td> </tr> </table>			TITLE	P, S, D	<input type="checkbox"/> Delete	NAME	Anon Naipaul		STREET ADDRESS	730 NW 107th Av, #120		CITY-ST-ZIP	Miami, FL 33172		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>300079126753</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>08/25/06--01029--018 **558.75</td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	300079126753		CITY-ST-ZIP	08/25/06--01029--018 **558.75	
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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 recorder 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: 				Date: 8/20/06 Daytime Phone #: 561368.1113																									

8/23/06