


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 10, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90407 048 \*\*\*150.00


DOCUMENT # P06000087288  
 1. Entity Name  
**CRISTHCA BUILDERS' CONSTRUCTION INC.**



Principal Place of Business      Mailing Address  
 7344 BYRON AVE.      7344 BYRON AVE.  
 APT. # 24      APT. # 24  
 MIAMI BEACH, FL 33141      MIAMI BEACH, FL 33141

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**7350 Byron Ave.**      **7350 Byron Ave.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Apt # 3**      **Apt # 3**

City & State      City & State  
**Miami Beach, FL**      **Miami Beach, FL**  
 Zip      Country      Zip      Country  
**33141**      **Dade County**      **33141**      **Dade County**



03062007      Chg-P      CR2E034 (12/06)  
 4. FEI Number      Applied For  
**20-5882239**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent  
**BROWN, ANGELICA L MS.**  
**7344 BYRON AVE.**  
**APTO. # 24**  
**MIAMI BEACH, FL 33141**

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 agents.  
 SIGNATURE *Angelica L. Brown*      DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, ANGELICA L MS 7344 BYRON AVE. APTO. # 24 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, ANGELICA MS 7350 Byron Ave. Apt # 3 Miami Beach, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, CARLOS A SR. 7344 BYRON AVE. APTO. # 24 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, CARLOS A. SR. 7350 Byron Ave. Apt # 3 Miami Beach, FL 33141 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONT GIRALDO, MARTHA MS 7344 BYRON AVE. APTO. # 24 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 files empowered.

SIGNATURE: *Angelica L. Brown*      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR