

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2008 8:00 am
Secretary of State

07-01-2008 90026 001 ***150.00
07-01-2008 90026 002 *****8.75

DOCUMENT # P06000087288

1. Entity Name
CRISTHCA BUILDERS' CONSTRUCTION INC.



Principal Place of Business
**7350 BYRON AVE.
APT. # 3
MIAMI BEACH, FL 33141**

Mailing Address
**7350 BYRON AVE.
APT. # 3
MIAMI BEACH, FL 33141**

66014970



06262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5882239

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROWN, ANGELICA L MS.
7344 BYRON AVE.
APTO. # 24
MIAMI BEACH, FL 33141**

**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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

06-27-08

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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

TITLE	P
NAME	BROWN, ANGELICA L MS
STREET ADDRESS	7350 BYRON AVE. APT. #3
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	VP
NAME	FERNANDEZ, CARLOS A SR.
STREET ADDRESS	7350 BYRON AVE. APT. #3
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **P / ANGELICA L. BROWN**

Date

Daytime Phone #

06-27-08