

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90021 008 \*\*\*158.75

40012574



01182007 Chg-P CR2E034 (12/06)

4. FEI Number **65-0443324** Applied For ☐ Not Applicable ☒

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

**DOCUMENT # P93000068072**

1. Entity Name  
**CRISTY'S INTERIOR DESIGNS, INC.**



Principal Place of Business  
**8204 SW 166 PLACE  
MIAMI, FL 33193**

Mailing Address  
**8204 SW 166 PLACE  
MIAMI, FL 33193**

2. Principal Place of Business - No P.O. Box #  
**12371SW128CT**

3. Mailing Address  
**12371SW128CT**

Suite, Apt. #, etc.  
**Warehouse # 101**

Suite, Apt. #, etc.  
**Warehouse # 101**

City & State  
**Miami FL**

City & State  
**Miami FL**

Zip  
**33186**

Country  
**US**

Zip  
**33186**

Country  
**US**

6. Name and Address of Current Registered Agent

**LOPEZ, BLAS L  
8204 SW 166 PLACE  
MIAMI, FL 33193**

7. Name and Address of New Registered Agent

Name  
**Cristina Remesar**

Street Address (P.O. Box Number is Not Acceptable)  
**12371SW 128CT # 101**

City  
**Miami**

FL

Zip Code  
**33186**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	<b>PST LOPEZ, BLAS L 8204 SW 166 PLACE MIAMI, FL 33193</b> <input 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 like empowered.

**SIGNATURE:** \_\_\_\_\_ **2/1/07 786 223 5647**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #