

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90119 026 \*\*\*150.00

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07012004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P93000086922</b> 1. Entity Name <b>CRYSTAL TECHNOLOGY, INC.</b>					
Principal Place of Business <b>11760 N.W. 27 STREET</b> <b>PLANTATION, FL 33323 US</b>			Mailing Address <b>11760 N.W. 27 STREET</b> <b>PLANTATION, FL 33323 US</b>		
2. Principal Place of Business <b>11251 NW 4 Court</b> Suite, Apt. #, etc.		3. Mailing Address <b>11251 NW 4 Court</b> Suite, Apt. #, etc.			
City & State <b>Plantation, Fl</b>		City & State <b>Plantation, Fl</b>		4. FEI Number <b>65-0455100</b>	
Zip <b>33325</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CARDOSO, LUIZ</b> <b>11760 N.W. 27 STREET</b> <b>PLANTATION, FL 33323</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FREIRE, MARIO S <input checked="" type="checkbox"/> Delete 11760 NW 27 STREET PLANTATION, FL 33323				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CARDOSO, LUIS <input checked="" type="checkbox"/> Delete 11760 NW 27 STREET PLANTATION, FL 33323				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Freire, Mario S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11251 NW 4 Court Plantation, Fl 33325				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Cardoso, Luiz <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11251 NW 4 Court Plantation, Fl 33325				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b>		<b>Luiz Cardoso</b>		<b>07/02/04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	