## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 20, 2006 08:00 AM DOCUMENT # P93000086922 **Secretary of State** CRYSTAL TECHNOLOGY, INC. Principal Place of Business Mailing Address 11251 NW 4 COURT 11251 NW 4 COURT PLANTATION, FL 33325 PLANTATION, FL 33325 US US 01162006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0455100 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CARDOSO, LUIZ 11760 N.W. 27 STREET PLANTATION, FL 33323 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 (NOTÉ, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSD TITLE FREIRE, MARIO S NAME 11251 NW 4 COURT STREET ADDRESS PLANTATION, FL 33325 CITY-ST-ZIP 01/24706-80094-021 150.00 VTD CARDOSO, LUIS NAME 11251 NW 4 COURT STREET ADDRESS PLANTATION, FL 33325 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 direction of 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 changed, or on an attainment with an addless, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS CITY - ST - ZIP

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 (954) 236-0603

**FILED**