


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90051 026 ***150.00

DOCUMENT # P94000090228

1. Entity Name
 CHRISTIWEST CORP.



Principal Place of Business
 25 SW 2ND AVE, SUITE 1135
 MIAMI, FL 33131 US

Mailing Address
 C/O STEVEN SCHULTZ
 25 SW 2ND AVE, SUITE 1135
 MIAMI, FL 33131 US

2. Principal Place of Business
25 S.E. 2nd Ave.

3. Mailing Address
25 S.E. 2nd Ave.

Suite, Apt. #, etc.
Suite 1135

Suite, Apt. #, etc.
Suite 1135

City & State
Miami, FL.

City & State
Miami, FL.

Zip
33131

Country
USA

Zip
33131

Country
USA



01062005 Chg-P CR2E034 (10/03)

4. FEI Number
 65-0543211

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHULTZ, STEVEN A
 25 SW 2ND AVE
 SUITE 1135
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
STEVEN A. SCHULTZ

Street Address (P.O. Box Number is Not Acceptable)
25 S.E. 2nd Ave. - Suite 1135

City
Miami

State
FL

Zip Code
33131

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]* DATE: *2/5/05*

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

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	VSTD SCHULTZ, STEVEN A 25 SE 2ND AVE, SUITE 1135 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTELLS, ENRIQUE 2005 WENTWORTH WESTON, FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>18911 Collins Ave. - Apt. 1004 N. Miami Beach, FL. 33160</i>
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
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
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
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 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.

SIGNATURE: *[Signature]* Vice Pres. *2/5/05* *305-373-5444*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #