

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90112 021 ***150.00

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DOCUMENT # **P94000090228**

1. Entity Name
CHRISTIWEST CORP.



Principal Place of Business
400 S.E. 2ND STREET
28TH FLOOR
MIAMI FL 33131
US

Mailing Address
400 S.E. 2ND STREET
28TH FLOOR
MIAMI FL 33131
US



2. Principal Place of Business
25 S.E. 2nd Ave.
Suite, Apt. #, etc.
Suite 1135
City & State
Miami, FL.
Zip
33131 Country
USA

3. Mailing Address
25 S.E. 2nd Ave.
Suite, Apt. #, etc.
Suite 1135
City & State
Miami, FL
Zip
33131 Country
USA

CHECK HERE IF MAKING CHANGES

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
400 S.E. 2ND STREET
28TH FLOOR
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** 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 (STEVEN SCHULTZ) DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SCHULTZ, STEVEN A 400 S.E. 2ND STREET MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTELLS, VIOLETA 2985 WENTWORTH WESTON FL 33332 <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25 S.E. 2nd Ave. - Suite 1135 Miami, FL. 33131
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
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: **1/31/03** Date **305-373-5444** Daytime Phone #

CR2E034 (10/02)