

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91611 014 ***150.00

DOCUMENT # P95000000554

1. Entity Name

CHRISTA ELISABETH, INC.

DO NOT WRITE IN THIS SPACE

643086

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O Christopher Langen 112 S. Hibiscus Dr.		3. Mailing Address P.O. Box 398570 Suite, Apt. #, etc.	
City & State Miami, FL 33139		City & State Miami Beach, FL 33239	
Zip	Country	Zip	Country

4. FEI Number 65-0556078	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name	Christopher Langen, Esq.
Street Address (P.O. Box Number is Not Acceptable)	112 S. Hibiscus Dr
City	Miami
State	FL
Zip Code	33139

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE	DPTS	TITLE	
NAME	Dietrich, Christa	NAME	
STREET ADDRESS	112 S. Hibiscus Dr.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33139	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Christa E. Dietrich
CHRISTA E. DIETRICH
Date: 4/15/02
Daytime Phone #: (305) 674-0023