


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000036691**  
 1. Entity Name  
**CRISTELLO ENTERPRISES, INC.**



Principal Place of Business  
**2915 BURR OAK DR**  
**TAMPA, FL 33618-1413**

Mailing Address  
**2915 BURR OAK DR**  
**TAMPA, FL 33618-1413**

**DO NOT WRITE IN THIS SPACE**



04102005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3314652** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CRISTELLO, NICHOLAS**  
**2915 BURR OAK DR**  
**TAMPA, FL 33618-1413**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CRISTELLO, NICHOLAS
STREET ADDRESS	2915 BURR OAK DR
CITY-ST-ZIP	TAMPA, FL 336181413
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000301663  
 04/13/05-80040-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Nicholas Cristello Date: 4-9-05 Daytime Phone #: 813-960-1180  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR