


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000100814 1. Entity Name KRISTI PROPERTIES, INC.	
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Principal Place of Business 7330 WEST 20TH AVE. MIAMI LAKES, FL 33016-1835	Mailing Address 7330 WEST 20TH AVE. MIAMI LAKES, FL 33016-1835
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01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0716123	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COSTA, HELEN C ESQ. 7330 WEST 20TH AVE. MIAMI LAKES, FL 33016-1835

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UD0000055654 02/18/04-80012-011 158.75
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, REINALDO 7330 WEST 20TH AVE. MIAMI LAKES, FL 330161835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, HELEN C 7330 WEST 20TH AVE. MIAMI LAKES, FL 330161835
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/15/04 <small>Date</small>	305-8270100 <small>Daytime Phone #</small>
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