# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 12, 2009**
**Secretary of State**

DOCUMENT# P97000021512

**Entity Name:** CRYSTAL HOSIERY, INC.

**Current Principal Place of Business:**

1850 N.W. 84 AVENUE,
105
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

1850 NW 84 AVE,
105
MIAMI, FL 33126

**New Mailing Address:**

1850 N.W. 84 AVENUE,
105
MIAMI, FL 33126

**FEI Number: 65-0744446** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RESTREPO, LUIS F
1850 NW 84 AVE
105
MIAMI, FL 33126 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: GOICOCHEA, DANIEL
Address: 1850NW 84 AVE, STE 105
City-St-Zip: MIAMI, FL 33126

Title: VP ( ) Delete
Name: RESTREPO, LUIS F
Address: 1121 CRANDON BLVD. #E-1102
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP ( ) Delete
Name: ECHAVARRIA, JUAN C
Address: 1850 NW 84 AVE, STE 105
City-St-Zip: MIAMI, FL 33126

Title: ST ( ) Delete
Name: ESCANDON, MAURICIO
Address: 1850 NW 84 AVE, STE 105
City-St-Zip: DORAL, FL 33126 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS F RESTREPO VP 01/12/2009

Electronic Signature of Signing Officer or Director — Date