

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000080508

FILED  
Apr 12, 2004  
Secretary of State

**Entity Name:** CRYSTAL WORLD MAINTENANCE AND SERVICES, INC.

**Current Principal Place of Business:**

220 WATERWAY VILLAGE  
WEST PALM BEACH, FL 33413 US

**New Principal Place of Business:**

202 MAPLEWOOD DR.  
GREENACRES, FL 33415 US

**Current Mailing Address:**

220 WATERWAY VILLAGE  
WEST PALM BEACH, FL 33413 US

**New Mailing Address:**

202 MAPLEWOOD DR.  
GREENACRES, FL 33415 US

FEI Number: 65-0825952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GONZALEZ, MERCEDES  
514 SHADY PINE WAY  
APT D2  
WEST PALM BEACH, FL 33415 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: V ( ) Delete  
Name: GONZALEZ, LESLIE  
Address: 514 SHADY PINE WAY D2  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: PD ( ) Delete  
Name: GONZALEZ, MERCEDES  
Address: 514 SHADY PINE WAY D2  
City-St-Zip: WEST PALM BEACH, FL 33415

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

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 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 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: LESLIE GONZALEZ

V

04/12/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date