2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE:

May 01, 2007 8:00 am Secretary of State **DOCUMENT # P97000108754** 05-01-2007 90030 041 ***150.00 1. Entity Name CRYSTAL COINS, INC. Principal Place of Business Mailing Address **18715 NW 53RD AVENUE** 18715 NW 53RD AVENUE MIAMI, FL 33055 MIAMI, FL 33055 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0805012 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIRALDO, JOAQUIN Street Address (P.O. Box Number is Not Acceptable) 18715 NW 53RD AVENUE MIAMI FL 33055 Zip Code Fl 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE: ☐ Defete TITLE GIRALDO, JOAQUIN NAME NAME 12101 NW 98TH AVE UNIT 9 STREET ACCORES STREET ADDRESS CITY-ST-ZIP HIALEAH GARDENS, FL 33018 CITY-ST-ZIP dens, Fla 33018 TITLE Delete TITLE GERALDO, CLAUDIA V NAME NAME 12101 NW 98TH AVE UNIT 9 STREET ADDRESS STREET ADDRESS HIALEAH GARDENS, FL 33018 CITY-ST-ZIP CITY-ST-ZIP Garden 1, F1 33018 Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Fiorida 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee emporchanged, or on an attachment with an address, w

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