2004 FOR PROFIT CORPORATION

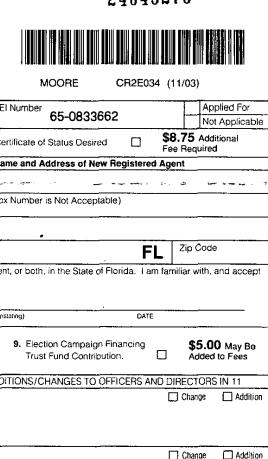
ANNUAL REPORT (AR) DOCUMENT # P98000020650 1. Entity Name CRISTELLE REALTY SALES COMPANY Principal Place of Business Mailing Address 1700 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062 1700 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062

2. Principal Place of Business

FILED Apr 16, 2004 8:00 am Secretary of State

04-16-2004 90122 028 ***150.00

ひょうけいしゃしつ



	1	CONTIALIDEDDA	1100/	4 Jabijabi ile jelet (etit varit selit varit serit serit serit etita bili esili esili esili esili esili esili e		
Suite, Apt. #, etc.		FORT LAUDERDALE, FL 33389		MOORE CR2E034 (11/03)		
City & State		City & State		4. FEI Number 65-0833662 Applied For Not Applied		
Zip	Country	Zip	Country	S. Certificate of Status Desired Series Se	.010	
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent		
		<u> </u>	Name			
GILMAN, DAVID D 1700 S. OCEAN BLVD. LAUD BY THE SEA FL 33062			Street Address	s (P.O. Box Number is Not Acceptable)		
•			City	FL Zip Code		
the obligat	named entity submits this statement for the ions of registered agent.	ne purpose of changing its r	egistered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and acce	ept	
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 May 1: 2004 Fee will be \$550.00 Payable to Florida Department of S	tate		9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees	ie	
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMAN, DAVID D 1700 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addi	tion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMAN, GAIL E 1700 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	ition	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addi	tion	
NAME _ = : STREET ADDRESS CITY-ST-ZIP		م دین کیست میت	NAME STREET ADDRESS CITY-ST-ZIP	a spilant of the second of the		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	tion	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Add	ition	
CITY-ST-ZIP			CITY-ST-ZIP	<u></u>		
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Add	rtion	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP			
12. I hereby of indicated	certify that the information supplied with the on this report or supplemental report is tr	is filing does not qualify for ue and accurate and that m	the exemption stated in y signature shall have th	Section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or direct	n or	

of the corporation or the receiver or trustee empowerer changed, or on an attachment with an address, withhal

SIGNATURE: