

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90177 016 ***150.00



DOCUMENT # P98000020650
 1. Entity Name
CRISTELLE REALTY SALES COMPANY

Principal Place of Business Mailing Address
 1700 SOUTH OCEAN BOULEVARD P.O. BOX 11007
 POMPANO BEACH FL 33062 FORT LAUDERDALE FL 33339



2. Principal Place of Business 3. Mailing Address
1430 South Ocean Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State City & State
Pompano Beach, FL
 Zip Country Zip Country
33062 *Flwd*

4. FEI Number Applied For
65-0833662 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GILMAN, DAVID D
1700 S. OCEAN BLVD.
LAUD BY THE SEA FL 33062

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1430 South Ocean Blvd
 City State Zip Code
Pompano Beach **FL** *33062*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	GILMAN, DAVID D
STREET ADDRESS	1700 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	D <input type="checkbox"/> Delete
NAME	GILMAN, GAIL E
STREET ADDRESS	1700 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *DAVID Gilman* Date: *April 18 / 05* Daytime Phone #: *9549414300*