


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000020650  
 1. Entity Name  
**CRISTELLE REALTY SALES COMPANY**



Principal Place of Business      Mailing Address  
**1430 SOUTH OCEAN BLVD**      **P.O. BOX 11007**  
**POMPANO BEACH, FL 33062**      **FORT LAUDERDALE, FL 33339**

**DO NOT WRITE IN THIS SPACE**



01212006    No Chg-P    CR2E034 (11/05)

4. FEI Number  
**65-0833662**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**GILMAN, DAVID D**  
**1430 SOUTH OCEAN BLVD**  
**POMPANO BEACH, FL 33062**

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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, 2006 Fee will be \$550.00**

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

UN0000444068  
 03/06/06-80036-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILMAN, DAVID D
STREET ADDRESS	1700 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	D
NAME	GILMAN, GAIL E
STREET ADDRESS	1700 SOUTH OCEAN BOULEVARD
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, PRES.    Date: 17 Feb 06    Daytime Phone #: 9549914300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR