



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90162 019 ***150.00

DOCUMENT # P98000054104 1. Entity Name CRIAL, INC.																																								
Principal Place of Business 8690 BISCAYNE BOULEVARD MIAMI, FL 33138				Mailing Address 8690 BISCAYNE BOULEVARD MIAMI, FL 33138																																				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 10585 SW 109th CT 201																																						
City & State		City & State MIAMI FL																																						
Zip		Zip 33176																																						
Country		Country US																																						
4. FEI Number 65-0843499				Applied For <input type="checkbox"/> Not Applicable																																				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04292004 Chg-P CR2E034 (10/03)																																				
6. Name and Address of Current Registered Agent BALLINA, JOHN 8690 BISCAYNE BLVD MIAMI, FL 33138																																								
7. Name and Address of New Registered Agent Name BUROSERV. Street Address (P.O. Box Number is Not Acceptable) 10585 SW 109 CT #201 City MIAMI FL Zip Code 33176																																								
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 <i>[Signature]</i> Francisco DelaPaz owner BUROSERV. DATE 4-30-04 <small>Signature, typed (or printed) name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>PVST BALLINA, JOHN</td> <td>8690 BISCAYNE BOULEVARD</td> <td>MIAMI, FL 33138</td> <td></td> </tr> <tr> <td></td> <td>D BALLINA, JOHN</td> <td>8690 BISCAYNE BOULEVARD</td> <td>MIAMI, FL 33138</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		PVST BALLINA, JOHN	8690 BISCAYNE BOULEVARD	MIAMI, FL 33138			D BALLINA, JOHN	8690 BISCAYNE BOULEVARD	MIAMI, FL 33138																					
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																															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.			
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SIGNATURE: <i>[Signature]</i> JOHN BALLINA DATE 4/30/04 DAYTIME PHONE # 305 596 5655 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																																						