


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90294 002 \*\*\*150.00

<b>DOCUMENT # P98000054104</b> 1. Entity Name <b>CRIAL, INC.</b>																																																																																																																																							
Principal Place of Business <b>8690 BISCAYNE BOULEVARD</b> <b>MIAMI, FL 33138</b>		Mailing Address <b>10585 SW 109TH CT</b> <b>201</b> <b>MIAMI, FL 33176</b>																																																																																																																																					
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>711 SW 15<sup>TH</sup> AVE.</b>  Suite, Apt. #, etc.																																																																																																																																					
City & State  Zip		City & State <b>MIAMI, FL</b> Zip <b>33135</b>																																																																																																																																					
Country US		Country US																																																																																																																																					
4. FEI Number <b>65-0843499</b>		Applied For Not Applicable																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																																																																																					
6. Name and Address of Current Registered Agent  <b>BURSERSV</b> <b>10585 SW 109 CT #201</b> <b>MIAMI, FL 33176</b>		7. Name and Address of New Registered Agent Name <b>BURSERSV.</b> Street Address (P.O. Box Number is Not Acceptable) <b>711 SW 15<sup>TH</sup> AVE.</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33135</b>																																																																																																																																					
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 <u><i>Francisco Del Paz</i></u> <b>FRANCISCO DEL PAZ FOR BURSERSV.</b> <b>4-26-05</b> <small>Signature, typed or printed name of registered agent, find title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>																																																																																																																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PVST</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BALLINA, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8690 BISCAYNE BOULEVARD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33138</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BALLINA, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8690 BISCAYNE BOULEVARD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33138</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"> </td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"> </td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"> </td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;"> </td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>		TITLE	PVST	<input type="checkbox"/> Delete	NAME	BALLINA, JOHN		STREET ADDRESS	8690 BISCAYNE BOULEVARD		CITY-ST-ZIP	MIAMI, FL 33138		TITLE	D	<input type="checkbox"/> Delete	NAME	BALLINA, JOHN		STREET ADDRESS	8690 BISCAYNE BOULEVARD		CITY-ST-ZIP	MIAMI, FL 33138		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			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			11. 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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.  <b>SIGNATURE:</b> <u><i>John Ballina</i></u> <b>4/26/05</b> <b>305-252-2216</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																							