


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

*Paid check FILED*  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**  
*1-23-2008*

**DOCUMENT # P98000088178**

1. Entity Name  
**CRISFANIE, INCORPORATED**



Principal Place of Business  
**512 BAYSHORE ROAD  
 NOKOMIS FL 34275**

Mailing Address  
**P.O. BOX 2088  
 NOKOMIS FL 34274**

2. Principal Place of Business - No P.O. Box #  
 State, Apt. #, etc.

3. Mailing Address  
 State, Apt. #, etc.

City & State

Zip Country



1st MOORE CR2E034 (10/07)

4. FEI Number **59-3537490**

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

6. Name and Address of Current Registered Agent

**VIVIES, PATRICK CPA  
 700 E DANIA BEACH BLVD STE 202  
 DANIA FL 33004**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

**\$ 150.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2008	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D BARBIER, LUCIEN-CHARLES 2826 MORWOOD LANE VENICE FL 34292</b>	<input type="checkbox"/> Change <input type="checkbox"/> Add	<b>U00000797204 01/29/08-80064-015 150.00</b>
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Add	
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12. I hereby certify that the information furnished with this filing does not qualify for the exemptions contained in Section 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: Lucien Barbier 1-23-2008 1941 484-1222**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR