

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90882 012 \*\*\*158.75

**DOCUMENT #**  
1. Entity Name  
P98000102 684 ✓  
Cristina Investments, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
13886 SW 42 STREET  
Suite, Apt. #, etc.

3. Mailing Address  
PO BOX 267254  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
FT LAUDERDALE FL

City & State  
WESTON FL

Zip  
33330

Country

Zip  
33326

Country

4. FEI Number  
59-3558179

Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
PEDRO S ALBAÑES

Street Address (P.O. Box Number is Not Acceptable)  
13886 SW 42 STREET

City  
FT. LAUDERDALE FL

Zip Code  
33330

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.

SIGNATURE *Pedro Albanes* DATE 4/29/2002

Signature of typed or printed name of registered agent and title if applicable. (Not for Registered Agent signature required when existing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

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

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR PEDRO S ALBAÑES PO BOX 267254 WESTON FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR DEBRA L ALBAÑES PO BOX 267254 WESTON FL 33326
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pedro Albanes* DATE 4/29/2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #

CR2ED348 (12/01)