## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # P99000000711 · 02-10-2006 90017 026 \*\*\*150.00 CRYSTAL IMAGE PRINTING GROUP, INC. Principal Place of Business Mailing Address 1049 N.W. 1ST CT. 1049 N.W. 1ST CT. HALLANDALE, FL 33009 HALLANDALE, FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0884371 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, TROY Street Address (P.O. Box Number is Not Acceptable) 1049 N.W. 1ST CT. HALLANDALE, FL 33009 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ■ Addition PREM, STEPHEN NAME MARK 3910 SW 47TH AVE STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL 33020 CITY-ST-ZIP CITY-ST-ZIP VP. Delete TITLE President ☐ Addition BOYD, DARWIN NAME NAME 1244 POLK ST STREET ADDRESS STREET ADDRESS HOLLYWOOD, FL CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Vice President ☐ Addition TAYLOR, TROY NAME 17130 NW 77 CT STREET ADDRESS STREET ADDRESS HIALEAH, FL 33014 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition RUDSON, RANDY NAME NAME STREET ADDRESS 6100 SW S37TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE, FL ☐ Delete ☐ Change ☐ Addition TITLE NAME KAMP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED

Feb 10, 2006 8:00 am