

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90015 003 ***150.00

DOCUMENT # P99000064912

1. Entity Name
CRYSTALLIZATION & MARBLE, INC.



Principal Place of Business
**1949 NE 172ND ST
#19
MIAMI, FL 33162**

Mailing Address
**1949 NE 172ND ST
#19
MIAMI, FL 33162**

2. Principal Place of Business
1629 NE 177 ST
Suite, Apt. #, etc.

3. Mailing Address
1629 NE 177 ST
Suite, Apt. #, etc.



02232004 Chg-P CR2E034 (10/03)

City & State
NORTH MIAMI BEACH, FL
Zip
33162

City & State
NORTH MIAMI BEACH, FL
Zip
33162

4. FEI Number
65-0937712
Applied For
Not Applicable

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

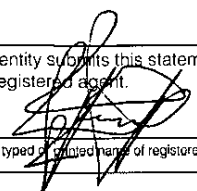
6. Name and Address of Current Registered Agent

**FAJARDO, EDGAR
20200 NE 27TH CT, #J34
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name **FAJARDO, EDGAR**
Street Address (P.O. Box Number is Not Acceptable)
1629 NE 177 ST
City **NORTH MIAMI BEACH, FL** Zip Code **33162**

I, the above named entity, submit 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  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ Delete
NAME **FAJARDO, EDGAR**
STREET ADDRESS **20200 NE 27TH CT, #J34**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☒ Change ☐ Addition
NAME **FAJARDO, EDGAR**
STREET ADDRESS **1629 NE 177 ST**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33162**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #