


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90162 020 ***158.75

DOCUMENT # P99000068165 1. Entity Name CRISTY, INC.					
Principal Place of Business 6701 SW 56TH STREET MIAMI, FL 33155				Mailing Address 6701 SW 56TH STREET MIAMI, FL 33155	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address c/o Ivan A. Gomez, P.A. 601 Brickell Key Drive #507			
City & State		City & State Miami, Florida		4. FEI Number 65-0980781	
Zip 33131		Country U.S.A.		5. Certificate of Status Desired XXX \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALLINA, JOHN 6701 SW 56TH STREET MIAMI, FL 33155				7. Name and Address of New Registered Agent Name IAG CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 601 Brickell Key Drive Suite#507 City Miami FL Zip Code 33131	
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. IAG CORPORATE SERVICES, INC. SIGNATURE By: Ivan A. Gomez, President <i>[Signature]</i> 3/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALLINA, JOHN 6701 SW 56TH STREET MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BALLINA, CRISTINA 6701 SW 56TH STREET MIAMI, FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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.					
SIGNATURE <i>[Signature]</i> John Ballina President 4/30/04 305 9708356 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

John Ballina, President

(305) 371-9213