


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90093 014 ***150.00

DOCUMENT # S93704			
1. Entity Name CHRISTAR, INC.			
Principal Place of Business 150 SE 2ND AVENUE STE #1200 MIAMI, FL 33131		Mailing Address 150 SE 2ND AVENUE STE #1200 MIAMI, FL 33131	
2. Principal Place of Business 1001 BRICKELL BAY DR. SUITE 1400 MIAMI, FLORIDA 33131		3. Mailing Address 1001 BRICKELL BAY DR. SUITE 1400 MIAMI, FLORIDA 33131	
01242006 Chg-P CR2E034 (11/05)		4. FEI Number 65-0224235	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BORIS, ROSEN 150 SE 2ND AVE, STE #1200 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: BORIS ROSEN Street Address (P.O. Box Number is Not Applicable): 1001 BRICKELL BAY DRIVE SUITE 1400 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. SIGNATURE: <i>[Signature]</i> DATE: 1-24-06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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: P NAME: CASAS, NATIVIDAD DE LAS STREET ADDRESS: 150 SE 2ND AVE, STE #1200 CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE: P-D NAME: NATIVIDAD DE LAS CASAS STREET ADDRESS: 1001 BRICKELL BAY DRIVE, STE 1400 CITY-ST-ZIP: MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: ROSEN, BORIS STREET ADDRESS: 150 SE 2ND AVENUE, SUITE #1200 CITY-ST-ZIP: MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		NATIVIDAD DE LAS CASAS 305-374-2001 Date: 1-24-06 Daytime Phone #	