


FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # V27832 1. Entity Name CRYSTAL GROVE DEVELOPMENT CORP.		 Mar 27, 2007 08:00 AM Secretary of State	
Principal Place of Business 6101 GARDEN COURT DAVIE FL 33314		Mailing Address 6101 GARDEN COURT DAVIE FL 33314	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 65-0326130 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHAPIRO, SAMUEL 6101 GARDEN COURT FORT LAUDERDALE FL 33314		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL
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>Samuel Shapiro</i> DATE 3/16/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	D	<input type="checkbox"/> Delete	
NAME	SHAPIRO, SAMUEL		
STREET ADDRESS	6101 GARDEN COURT		
CITY ST ZIP	DAVIE FL 33314		
TITLE	V	<input type="checkbox"/> Delete	
NAME	SHAPIRO, STEVEN		
STREET ADDRESS	6101 GARDEN COURT		
CITY ST ZIP	DAVIE FL 33314		
TITLE	V	<input type="checkbox"/> Delete	
NAME	SHAPIRO, DANIEL		
STREET ADDRESS	6101 GARDEN CT		
CITY ST ZIP	DAVIE FL 33314		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY ST ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			
CITY ST ZIP			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY ST ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>Samuel Shapiro director</i> DATE: 3/16/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>			