

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V57730

Entity Name: CRYSTAL ROOTS, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

P.O. BOX 16748
PLANTATION, FL 33318

New Principal Place of Business:

1818 SW 24 TERRACE
FORT LAUDERDALE, FL 33312

Current Mailing Address:

P.O. BOX 16748
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 65-0357357 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, JAMIE S.
1818 SW 24TH TERRACE
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVS () Delete
Name: COHN, JAMIE S.
Address: 1818 SW 24 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: TD () Delete
Name: COHN, JAMIE S.
Address: 1818 SW 24 TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMIE COHN

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

Date