2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V66738

1. Entity Name

CHRISTOPHER INVESTMENTS, INC.



FILED Mar 31, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2600 S. OCEAN BLVD #11C 2600 S. OCEAN BLVD

#11C

DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33432

BOCA RATON, FL 33432

US



03162004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0359761 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LONGPRE, DANIEL 2600 S. OCEAN BLVD #11-C BOCA RATON EL 33432

DO NOT WRITE IN THIS SPACE

BOOK (ATON, FE 30402							
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					And disking interesting	DATE	
Signature, typed or pribled name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution.				U00000100023 03/31/04-80028-011 150.00	
10.	OFFICERS AND DIRECTORS						
TITLE	PTSD					· · · · 	
NAME	LONGPRE, DANIEL						
STREET ADDRESS	2600 S. OCEAN BLVD, #11-C						
CITY-ST-ZIP	BOCA RATON, FL 33432						
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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)(f), 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 ampowered 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:

CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP

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