2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2007 08:00 AM Secretary of State

DOCL	JMENT	' # \ <i>i</i>	/661	738
ひしんし	JIVIEIVI	#+ V	UU	ı oo

1. Entity Name

CHRISTOPHER INVESTMENTS, INC.



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 US

BOCA RATON, FL 33432 US



01172007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0359761 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6.	Name	and A	Address	of	Current	Registered	Agent

LONGPRE, DANIEL 2600 S. OCEAN BLVD #11-C

DO NOT WRITE IN THIS SPACE

BOCA RATON, FL 33432			IN THIS STASE			
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title i	f applicable (NOTE Registered	Agent signature	required when reinstaling)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD LONGPRE, DANIEL 2600 S. OCEAN BLVD, #11-C BOCA RATON, FL 33432	STORS	-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000641805 03/01/07-80015-008 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 import 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:

NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE ON DIRECTO

s. 02/16/

954-749-8802

le