

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90007 025 \*\*\*150.00

**DOCUMENT # V66887**

1. Entity Name  
**CRYSTAL INN CO.**



**Principal Place of Business**

**2020 JEFFERSON DAVIS HWY  
ARLINGTON, VA 22202 US**

**Mailing Address**

**270 NE 4TH ST  
STE 100  
MIAMI, FL 33132 US**



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0361911**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>✓</b> <b>CORBEDDU, ANTONIO</b> <b>270 NE 4TH ST</b> <b>MIAMI, FL 33132</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MICANGELI, MAURIZIO</b> <b>270 NE 4TH ST</b> <b>MIAMI, FL 33132</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TUPINI, CLAUDIO</b> <b>270 NE 4TH ST</b> <b>MIAMI, FL 33132</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAROCHE, RICHARD F JR</b> <b>2103 SHANNON DR.</b> <b>MURFREESBORO, TN 37129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FRIEDBAUER, ROGER</b> <b>1500 MIAMI CENTER, 201 S. BISCAYNE BLVD.</b> <b>MIAMI, FL 33132</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAMACCHIA, GIANNI</b> <b>APARTADO 2053-2100</b> <b>SAN JOSE, COSTA RICA,</b>

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**add**

**V**  
**DEMOIST CASTEAA**  
**270 NE 4th Street**

**DEMOIST CASTEAA**

**VP**

**01/19/05**

**305 358 0661**