

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V66887

Entity Name: CRYSTAL INN CO.

FILED  
Jan 08, 2009  
Secretary of State

## Current Principal Place of Business:

2020 JEFFERSON DAVIS HWY  
ARLINGTON, VA 22202 US

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 65-0361911      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 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: D ( ) Delete  
Name: CORBEDDU, ANTONIO  
Address: 270 NE 4TH ST  
City-St-Zip: MIAMI, FL 33132

Title: VD ( ) Delete  
Name: MICANGELI, MAURIZIO  
Address: 270 NE 4TH ST  
City-St-Zip: MIAMI, FL 33132

Title: PD ( ) Delete  
Name: TUPINI, CLAUDIO  
Address: 270 NE 4TH ST  
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete  
Name: LAROCHE, RICHARD F JR  
Address: 2103 SHANNON DR,  
City-St-Zip: MURFREESBORO, TN 37129

Title: D ( ) Delete  
Name: FRIEDBAUER, ROGER  
Address: 701 BRICKELL AVE STE 2525  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: LAMACCHIA, GIANNI  
Address: APARTADO 2053-2100  
City-St-Zip: SAN JOSE, COSTA RICA, OC

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BENOIST CASTERA

VP

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date