


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000100031

Entity Name
CRISANA CORPORATION



Principal Place of Business
ALHAMBRA PLAZA
SUITE 860
CORAL GABLES, FL 33134

Mailing Address
2 ALHAMBRA PLAZA
SUITE 860
CORAL GABLES, FL 33134



Principal Place of Business
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

01112006 Chg-P CR2E034 (11/05)

4. FEI Number
65-104960Z

Applied For
 Not Applicable

Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

VILA, OSCAR J III
ALHAMBRA PLAZA
SUITE 860
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number Is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

8. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| OFFICERS AND DIRECTORS | | |
|------------------------|-----------------------------|---------------------------------|
| TITLE PD | PADRON, CARLOS E | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2 ALHAMBRA PLAZA, SUITE 860 | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | |
| TITLE VD | VILA, OSCAR J III | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2 ALHAMBRA PLAZA, SUITE 860 | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | |
| TITLE | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|--|---|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

U00000397102
 01/30/06-80035-016 150.00

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Oscar J. Vila* **Oscar J. Vila, VP** 1/18/06 (305) 461-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #