

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G23401

Entity Name: CRISF, INC.

**Current Principal Place of Business:**

8600 NW 17 STREET,  
SUITE 122  
DORAL, FL 33126

**Current Mailing Address:**

8600 NW 17 STREET  
SUITE 122  
DORAL, FL 33126 US

FEI Number: 59-2264514

Certificate of Status Desired: Yes

**Name and Address of Current Registered Agent:**

PELAYO, AMERICA MRS.  
8600 NW 17 STREET  
SUITE 122  
DORAL, FL 33126 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PELAYO, AMERICA  
Address        8600 NW 17 STREET,  
                  SUITE 122  
City-State-Zip: DORAL FL 33126

Title            VP, DIRECTOR  
Name            GAMBOA, ARTURO  
Address        8600 NW 17 STREET,  
                  SUITE 122  
City-State-Zip: DORAL FL 33126

Title            DIRECTOR  
Name            CASTELLANOS, YOVANKA  
Address        8600 NW 17 STREET,  
                  SUITE 122  
City-State-Zip: DORAL FL 33126

Title            SECRETARY, DIRECTOR  
Name            PAIZ, FERNANDO  
Address        8600 NW 17 STREET,  
                  SUITE 122  
City-State-Zip: DORAL FL 33126

Title            TREASURER  
Name            PAIZ, FERNANDO  
Address        8600 NW 17 STREET,  
                  SUITE 122  
City-State-Zip: DORAL FL 33126

*I hereby 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 all other like empowered.*

SIGNATURE: AMERICA PELAYO

PRESIDENT

04/04/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date