

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006079

FILED
Aug 20, 2006
Secretary of State

Entity Name: CROSSOVER FOR WOMEN INTERNATIONAL, INCORPORATED

Current Principal Place of Business:

845 SUNRIDGE POINT
SEFFNER, FL 335845905

New Principal Place of Business:

2904 N. MITCHELL ST.
TAMPA, FL 33602

Current Mailing Address:

PO BOX 172913
TAMPA, FL 33672

New Mailing Address:

FEI Number: 59-3684517 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ANDRADE, ROBERT
10105 CEDAR DUNE DRIVE
TAMPA, FL 33624 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ANDRADE, ROBERT
Address: 10105 CEDAR DUNE DR.
City-St-Zip: TAMPA, FL 33624

Title: DST () Delete
Name: ANDRADE, ALICIA M
Address: 10105 CEDAR DUNE DR.
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO ANDRADE

DIR

08/20/2006

Electronic Signature of Signing Officer or Director

Date