

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N01000001192

Entity Name: CROSS INTERNATIONAL, INC.

Current Principal Place of Business:

6005 SW 3RD ST
STE 2201
POMPANO BEACH, FL 33060

New Principal Place of Business:

600 SW 3RD ST
STE 2201
POMPANO BEACH, FL 33060

Current Mailing Address:

6005 SW 3RD ST
STE 2201
POMPANO BEACH, FL 33060

New Mailing Address:

600 SW 3RD ST
STE 2201
POMPANO BEACH, FL 33060

FEI Number: 65-1086387

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GY CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DR., SUITE 500 EAST
WEST PALM BEACH, FL 33401 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

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: KIELAR, MARK
Address: 370 W. CAMINO GARDENS BLVD.
City-St-Zip: BOCA RATON, FL 33432

Title: PD () Delete
Name: CAVNAR, JAMES J
Address: 600 SW 3 ST STE 2201
City-St-Zip: POMPANO BEACH, FL 33060

Title: SD () Delete
Name: WHITE, JOE DR
Address: 1353 LAKESHORE DRIVE
City-St-Zip: BRANSON, MO 65615

Title: D () Delete
Name: DODD, JIMMY
Address: PO BOX 850333
City-St-Zip: SHAWNEE MISSION, KS 66201

Title: D () Delete
Name: HARVEY, CLARENCE
Address: 2077 E. HOUGHTON LAKE DR.
City-St-Zip: HOUGHTON LAKE, MI 48629

Title: D () Delete
Name: JACOBS, SAM REV
Address: 2779 HWY 311 PO BOX 505
City-St-Zip: SCHRIEVER, LA 70395

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KIELAR, MARK
Address: 600 SW 3 ST STE 2201
City-St-Zip: POMPANO BEACH, FL 33060

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

Title: SD (X) Change () Addition
Name: WHITE, JOE DR
Address: 600 SW 3 ST STE 2201
City-St-Zip: POMPANO BEACH, FL 33060

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

SIGNATURE: CHARLES NAVE, ESQ.

ATTY

04/07/2009

Electronic Signature of Signing Officer or Director

Date