2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005
Secretary of State

DOCUMENT# P04000013129

Entity Name: ACROSS BUILDERS CORP.

Current Principal Place of Business:

100 BAYVIEW DR.
1415
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

100 BAYVIEW DR.
1415
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 20-0607258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONDOÑO, FELIPE A
2410 GALT OCEAN DR.
2104N
FT LAUDERDALE, FL 33308 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:	P	( ) Delete
Name:	ECHAVARRIA, ALVARO H	
Address:	9249 CARLYLE AV.	
City-St-Zip:	SURFSIDE, FL 33154	
Title:	VP	( ) Delete
Name:	TABARES, RUTH M	
Address:	9249 CARLYLE AV.	
City-St-Zip:	SURFSIDE, FL 33154	
Title:	SECR	( ) Delete
Name:	TABARES, RUTH M	
Address:	9249 CARLYLE AV.	
City-St-Zip:	SURFSIDE, FL 33154	
Title:	TREA	( ) Delete
Name:	LONDOÑO, FELIPE A	
Address:	2410 GALT OCEAN DR, #2104N	
City-St-Zip:	FT LAUDERDALE, FL 33308	

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:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALVARO ECHAVARRIA P 02/14/2005

Electronic Signature of Signing Officer or Director — Date