

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018625

FILED
May 01, 2007
Secretary of State

Entity Name: ACROSS FLORIDA REAL ESTATE INVESTMENT, CORP.

Current Principal Place of Business:

7175 SW 8 STREET
209
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

7175 SW 8 STREET
209
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 20-4289941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A & J ADVISORY SERVICE, INC.
2620 BUTTONWOOD AVE
MIRAMAR, FL 33025 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CABANAS, MISAEL
Address: 5540 SW 63 COURT
City-St-Zip: MIAMI, FL 33155 US

Title: S () Delete
Name: QUEIPO, JOSE A
Address: 321 TAMIAMI BLVD
City-St-Zip: MIAMI, FL 33144 US

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

SIGNATURE: MISAEL CABANAS

P

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date