

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000087315

1. Entity Name
 CROSSINGS WAREHOUSE ASSOCIATES, INC.



Principal Place of Business
 7765 S.W. 87TH AVE., STE. 200
 MIAMI, FL 33173

Mailing Address
 7765 S.W. 87TH AVE., STE. 200
 MIAMI, FL 33173



03162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0954177

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASTELLON, ALBERT
 7765 SW 87TH AVE
 SUITE 200
 MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UD0000097717

03/29/04-80011-020 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BETANCOURT, RAMIRO A 7765 SW 87TH AVE., STE. 200 MIAMI, FL 33173 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD CASTELLON, ALBERT 7765 S.W. 87TH AVE., STE. 200 MIAMI, FL 33173 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Albert Castellon*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-04
 Date
 (305) 598-2932
 Devises Phone