


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 A
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

DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0954177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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, 2005 Fee will be \$550.00

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

UN0000297719
 04/11/05-80033-025 150.00

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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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(i), 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 owner 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: *Ramiro A. Betancourt* 4-8-05 (305) 598-2932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #