


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000087315
 1. Entity Name
CROSSINGS WAREHOUSE ASSOCIATES, INC.



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



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0954177 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

UC00000489586
 04/18/06-80022-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attached instrument with an address, with or without other like empowered.

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

3-29-06 (305) 598-2932
Date Office Phone #