

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F79455**

1. Entity Name  
**CROSSCO AMERICA CORPORATION**



Principal Place of Business Mailing Address  
**3851 NW 59 ST.** **3851 NW 59 ST.**  
**MIAMI, FL 33142** **MIAMI, FL 33142**



2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

04042005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2190413 Applied For Not Applicable

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

**6. Name and Address of Current Registered Agent**

**DIAZ, GRISEL**  
**3851 N.W. 59TH STREET**  
**MIAMI, FL 33142**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 reappointing) 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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLANCO, EDUARDO	
STREET ADDRESS	305 HARBOR DR	
CITY - ST - ZIP	KEY BISCAYNE, FL 33149	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLANCO, FLORENTINO JR.	
STREET ADDRESS	90 EDGEWATER DR #316	
CITY - ST - ZIP	CORAL GABLES, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BLANCO, LIANA	
STREET ADDRESS	4250 INGRAHAM HIGHWAY	
CITY - ST - ZIP	COCONUT GROVE, FL 33136718	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRISEL, DIAZ	
STREET ADDRESS	9610 NW 2 ST., APT. #306	
CITY - ST - ZIP	HOLLYWOOD, FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000004310561  
04/18/05-80009-010 150.00

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GRISEL DIAZ**

**4/13/05**

**305-638-5050**

Date

Daytime Phone #