

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # F79455

1. Entity Name
CROSSCO AMERICA CORPORATION



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

Mailing Address
**3851 NW 59 ST.
MIAMI, FL 33142**



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000886807
04/18/08-90073-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLANCO, EDUARDO
STREET ADDRESS	305 HARBOR DR
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	VD
NAME	BLANCO, FLORENTINO JR.
STREET ADDRESS	5883 NW 37TH AVE.
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	TD
NAME	BLANCO, LIANA
STREET ADDRESS	4250 INGRAHAM HIGHWAY
CITY-ST-ZIP	COCONUT GROVE, FL 33136718
TITLE	SD
NAME	GRISEL, DIAZ
STREET ADDRESS	100 SW 83RD WAY, 205
CITY-ST-ZIP	PEMBROKE PINES, FL 33025
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 attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08

Date

305 638 5050

Daytime Phone #