2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F79455

FILED Mar 12, 2009 Secretary of State

Entity Name: CROSSCO AMERICA CORPORATION

	New Principal Place of Business:	
	New Mailing Address:	
90413 FEI Number Applied Fo	For () FEI Number Not Applicable () Certificate of State	us Desired ()
ress of Current Registered A	gent: Name and Address of New Registered	Agent:
	t for the purpose of changing its registered office or registered	d agent, or both,
Electronic Signature of Regist	tered Agent Date	
Financing Trust Fund Contribution	n ().	
DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS:
HARBOR DR	Title: () Change () Addition Name: Address: City-St-Zip:	n
NW 37TH AVE.	Title: () Change () Addition Name: Address: City-St-Zip:	n
() Delete NCO, LIANA I INGRAHAM HIGHWAY	Title: () Change () Addition Name: Address: City-St-Zip:	n
ONUT GROVE, FL 331336718		
	g Address: 2 90413 FEI Number Applied Fress of Current Registered Address: 1 STREET 2 US ed entity submits this statement orida. Electronic Signature of Register Financing Trust Fund Contribution D DIRECTORS: () Delete NCO, EDUARDO HARBOR DR BISCAYNE, FL 33149 () Delete NCO, FLORENTINO JR. B NW 37TH AVE. MI, FL 33142	Address: New Mailing Address: Paddress: New Mailing Address: Paddress: Name and Address of New Registered of State and Address of New Registered of State and Address of New Registered or State and Address of New Registered or State and Electronic Signature of Registered Agent and Address of New Registered or Financing Trust Fund Contribution (). Directors: Address: () Delete Title: () Change () Addition Name: Address: () Delete Title: () Change () Addition Name: NAME: NAME: NAME: Address: () Delete Title: () Change () Addition Name: N

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO BLANCO PD 03/12/2009