

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 204570

1. Entity Name
CROSS ISLAND LAND CORP



Principal Place of Business
2315 S OCEAN BLVD
PALM BEACH, FL 33480 US

Mailing Address
2222 AVE. OF THE STARS
STE 2401 E.
LOS ANGELES, CA 90067 US

FILED
Jan 09, 2006 08:00 AM
Secretary of State



01042006 No Chg-P CR2E034 (11/05)

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4. FEI Number
13-3158021

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KLEIN, JEROME COMET
2315 SOUTH OCEAN BLVD.
PALM BEACH, FL 33480

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLEIN, JEROME R 2222 AVE OF STARS 2401E LOS ANGELES, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLEIN, JEROME C 2315 S OCEAN BLVD PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLEIN, JEROME C 2315 S OCEAN BLVD PALM BEACH, FL
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01/11/06-80029-013 150.00

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2006
Date

Daytime Phone #