2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2005
Secretary of State

DOCUMENT# 565154

Entity Name: CROSS OVER ENTERPRISES, INC.

Current Principal Place of Business:

6187 NW 167TH ST
H-22
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

6187 NW 167TH ST
H-22
MIAMI, FL 33015

New Mailing Address:

FEI Number: 59-1814920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVA, CARLOS
6187 NW 167 ST
H-22
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: OLIVA, CARLOS,
Address: 11112 GRIFFING BLVD.
City-St-Zip: BISCAYNE PARK, FL 33161

Title: ST ( ) Delete
Name: OLIVA, JEANNE GIORDA, NO
Address: 1112 GRIFFING BLVD
City-St-Zip: BISCAYNE PARK, FL 33161

Title: D ( ) Delete
Name: OLIVA, JEANNE GIORDA, NO
Address: 1112 GRIFFING BLVD
City-St-Zip: BISCAYNE PARK, FL 33161

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: OLIVA, JEANNE GIORDA, NO
Address: 11112 GRIFFING BLVD
City-St-Zip: BISCAYNE PARK, FL 33161

Title: D (X) Change ( ) Addition
Name: OLIVA, JEANNE GIORDA, NO
Address: 11112 GRIFFING BLVD
City-St-Zip: BISCAYNE PARK, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CARLOS OLIVA PRES 02/06/2005

Electronic Signature of Signing Officer or Director — Date