

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000006773**

1. Entity Name  
**C.R.O.S.S., INC.**



Principal Place of Business  
**13735-C S.W. 84TH ST.  
MIAMI, FL 33183**

Mailing Address  
**13735-C S.W. 84TH ST.  
MIAMI, FL 33183**



06302005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**94-3373635**

Applied For  
Not Applicable

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

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

**KOCH, KATIE  
13735-C S.W. 84TH ST.  
MIAMI, FL 33183**

**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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	CP
NAME	CARR, LORAINÉ
STREET ADDRESS	13735-C S.W. 84TH ST.
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	VCVT
NAME	KOCH, KATIE
STREET ADDRESS	13735-C S.W. 84TH ST.
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	D
NAME	DALEY, SANDRA
STREET ADDRESS	4203 HAVENRIDGE DRIVE
CITY-ST-ZIP	CORONA, CA 92883
TITLE	D
NAME	RIGGINS, RUTH
STREET ADDRESS	16580 S.W. 103 PL
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	S
NAME	BLAND, KATINA
STREET ADDRESS	4316 MARINA CITY DR #231
CITY-ST-ZIP	MARINA DEL REY, CA 90292
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1110000370758  
07/05/05-80029-006 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:** Katie M. Koch KATIE KOCH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-05

Date

(305) 380-1081

Daytime Phone #