2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F79455

1. Entity Name
CROSSCO AMERICA CORPORATION

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

DO NOT WRITE IN THIS SPACE

04112006 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	BLANCO, EDUARDO
STREET ADDRESS	305 HARBOR DR
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	VD
NAME	BLANCO, FLORENTINO JR.
STREET ADDRESS	90 EDGEWATER DR #316
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	TD
NAME	BLANCO, LIANA
STREET ADDRESS	4250 INGRAHAM HIGHWAY
CITY-ST-ZIP	COCONUT GROVE, FL 331336718
TITLE	SD
NAME	GRISEL, DIAZ
STREET ADDRESS	9610 NW 2 ST., APT. #306
CITY-ST-ZIP	HOLLYWOOD, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/11/06 305-638-5050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #