

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G60850

1. Entity Name
SAINT CROSS CORPORATION



Apr 09,
Secr

Principal Place of Business

807 SW 25TH AVE
204
MIAMI, FL 33135 US

Mailing Address

ASSOCIATE BAIL BONDS DBA
807 SW 25TH AVE
MIAMI, FL 33135 US



DO NOT WRITE IN THIS SPACE

04052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2336797

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CRUZ, WALDO
12620 SW 6TH ST
MIAMI, FL 33184-8410

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
PVD
CRUZ, WALDO
12620 S.W. 6TH ST.
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
CRUZ, MARTHA
12620 S.W. 6TH ST.
MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000107739
04/09/04-80027-005 150.00

**DO NOT WRITE
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)(i), 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 copies like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #