


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90003 045 \*\*\*150.00

<b>DOCUMENT # G60850</b> 1. Entity Name <b>SAINT CROSS CORPORATION</b>					
Principal Place of Business <b>807 SW 25TH AVE</b> <b>204</b> <b>MIAMI, FL 33135 US</b>			Mailing Address <b>ASSOCIATE BAIL BONDS DBA</b> <b>807 SW 25TH AVE</b> <b>MIAMI, FL 33135 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address <b>12620 S.W. 6th., Street</b>  <b>House</b> City & State <b>Miami, Florida 33184</b> Zip      Country <b>33184-1423 Miami-Dade</b>			
4. FEI Number <b>59-2336797</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CRUZ, WALDO</b> <b>12620 SW 6TH ST</b> <b>MIAMI, FL 33184-8410</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD</b> <b>CRUZ, WALDO</b> <b>12620 S.W. 6TH ST.</b> <b>MIAMI, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>CRUZ, MARTHA</b> <b>12620 S.W. 6TH ST.</b> <b>MIAMI, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 other like empowered.					
SIGNATURE: <i>Waldo Cruz Jr</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>July 22-05</i> Daytime Phone #: <i>305 643-2833</i> <i>305 552-16-39</i>			

ATTACHMENT

SAINT CROSS CORPORATION  
ASSOCIATES BAIL BONDS  
807 S.W. 25th., AVE.  
SUITE 204  
MIAMI, FLORIDA 33135-4866  
305.643.2833

#G60850  
50058206

July 2, 2005

FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
GLENDA E. HOOD  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

DEAR GLENDA E. HOOD

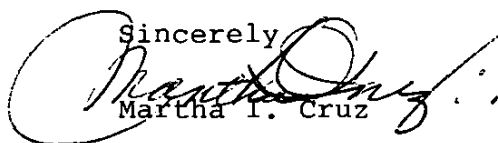
I was very surprised, that this card came thru the mail on Friday, I had been expecting an Annual Report Notice, not a Notice of Intent to Dissolve.

As you can see in your files, this Corporation has been in Active Status for the past 22 years, and never since have we failed to file an Annual Report, WE would appreciate very much, if the \$ 400.00 penalty be forgiven this time, since we never received the Annual Report Notice.

Please accept \$ 150.00 for the filing fee for Annual Report for 2005. and we apology for any inconvenience caused.

Thanking you inadvance

Sincerely

  
Martha I. Cruz

ATTACHMENT

50058206



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 14, 2005

SAINT CROSS CORPORATION  
ASSOCIATE BAIL BONDS DBA  
807 SW 25TH AVE, STE 204  
MIAMI, FL 33135 US

SUBJECT: ~~SAINT CROSS CORPORATION~~  
Ref. Number: G60850

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 905A00046555