


**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # **M71333**
 1. Entity Name
Crossroads Towing



FILED

11 MAY 12 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #
17100 SW 62 St
 Suite, Apt. #, etc.

3. Mailing Address
17100 SW 62 St
 Suite, Apt. #, etc.

City & State
Sw Ranches Fl

City & State
Sw Ranches Fl

Zip
33331

Country
Broward

Zip
33331

Country
Broward

4. FEL Number
65-0036934

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

VIOLA, JAMES
17100 S.W. 62ND STREET
FT. LAUDERDALE, FL 33331

FL

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 re-instating) DATE _____

January 1 - May 1: Fee is \$150.00
 After May 1: Fee is \$650.00
 Amended AR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution.

E-mail Address:
CrossroadsTow710
 E-mail address to be used for future annual report notices.

Bell South net

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President James Viola 17100 SW 62 St Sw Ranches Fl 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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700207258607
05/05/11--01004--012 **150.00

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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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: *James Viola* DATE: **5-10-11** 954-434-4868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

5/13/12