

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90420 028 ***158.75

DOCUMENT # P00000085579

1. Entity Name
CROSS & CROSS CONSTRUCTION CORPORATION



Principal Place of Business
8951 SUNSET DRIVE STE #207
MIAMI, FL 33173

Mailing Address
8951 SUNSET DRIVE STE #207
MIAMI, FL 33173

2. Principal Place of Business
15045 SW 57TH TERRACE

3. Mailing Address
15045 SW 57TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082004

Chg-P

CR2E034 (10/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1039894

Applied For
Not Applicable

Zip
33193

Country

Zip
33193

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRUZ, CARLOS SR
15045 SW 57TH TERR
MIAMI, FL 33193

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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
PD
CRUZ, CARLOS SR
8951 SUNSET DRIVE STE #207
MIAMI, FL 33173

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GELABERT, MARIA C.
8951 SUNSET DRIVE, #207
MIAMI, FL 33173

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-04 (305) 383-7001