

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108589

Entity Name: CROSSROADS FO, INC.

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

1400 N.W. 107TH AVENUE
ADLER PLAZA, 5TH FLOOR
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

1400 N.W. 107TH AVENUE
ADLER PLAZA, 5TH FLOOR
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-1152521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, JOEL
1400 N.W. 107TH AVENUE
ADLER PLAZA, 5TH FLOOR
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ADLER, MICHAEL M
Address: 1400 NW 109 AVE
City-St-Zip: MIAMI, FL 33172

Title: D () Delete
Name: FERRUCCI, MARK A
Address: 212 MANGUM DRIVE
City-St-Zip: BEAR, DE 19701

Title: DEAS () Delete
Name: LEVY, JOEL
Address: 1400 NW 107TH AVE, 5TH FLOOR
City-St-Zip: MIAMI, FL 33172

Title: EV () Delete
Name: HARRIS, BRETT W
Address: 1400 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: S () Delete
Name: ADLER, LINDA K
Address: 1400 NW 107 AVENUE
City-St-Zip: MIAMI, FL 33172

Title: EV () Delete
Name: ADLER, MATTHEW L
Address: 1400 N.W. 107 AVENUE
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA K ADLER

S

04/22/2008

Electronic Signature of Signing Officer or Director

Date