

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90001 023 ***150.00

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|--|--|---|--|--|--|
| DOCUMENT # P02000082379 1. Entity Name CROSS EDUCATION & TECHNOLOGY, INC. | | | | | |
| Principal Place of Business 1700 PONCE DE LEON BLVD CORAL GABLES, FL 33134 | | | Mailing Address 1700 PONCE DE LEON BLVD CORAL GABLES, FL 33134 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. SAME City & State SAME Zip _____ Country _____ | | 3. Mailing Address Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____ | | 05152006 Chg-P CR2E034 (11/05) | |
| 4. FEI Number 51-0419663 | | | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent CROSS, J. ALAN JR 1700 PONCE DE LEON BLVD CORAL GABLES, FL 33134 | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CROSS, DAVID 540 RANGELY COLORADO SPRINGS, CO 80920 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CROSS, ALAN J JR 1700 PONCE DE LEON BLVD CORAL GABLES, FL 33134 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 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: | | J. ALAN CROSS, JR | | 5/22/06 305 443-4666 <small>Date Daytime Phone #</small> | |