

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 08:00 A**  
**Secretary of State**

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



02152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
51-0419663

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME CROSS, DAVID  
STREET ADDRESS 540 RANGELY  
CITY-ST-ZIP COLORADO SPRINGS, CO 80920

TITLE D  
NAME CROSS, ALAN J JR  
STREET ADDRESS 1700 PONCE DE LEON BLVD  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000644859  
03/02/07-80060-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/07

Date

305 413-4666

Daytime Phone #