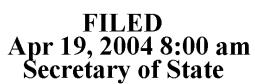
## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**



DOCUMENT # P02000088341  1. Entity Name SOUTHERN CROSS ENTERPRISES, INC.					04-19-2004 90417 045 ***150.00			
Principal Place of Business 2037 MASSACHUSETTS AVE., NE ST. PETERSBURG, FL 33703		Mailing Address 2037 MASSACHUSETTS AVE., NE ST. PETERSBURG, FL 33703						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04152004	Chg-P	CR2E034 (10/03)	
City & State		City & State		,	4. FEI Number 61-14226	555		oplied For ot Applicable
	Country Zip		Country		5. Certificate of		See Require	
6. Name and Address of Current Registered Agent			$\dashv$	7. Name and Address of New Registered Agent Name				
FIOLA, RICHARD J 2037 MASSACHUSETTS AVE., NE ST. PETERSBURG, FL 33703				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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.					00 May Be ed to Fees	7.4.		
10.	OFFICERS AND DIREC		11.		ADDITIONS/CI	HANGES TO OFFI	CERS AND DIRECTOR	
NAME FIOLA, RICHAR	IUSETTS AVE., NE	☐ Delete				f	☐ Change	Addition
TITLE D  NAME MITCHELL, WIL  STREET ADDRESS 204-1/2 E. SELM  CITY-ST-ZIP TAMPA, FL 336	1A AVE.	Delete					Change	Addition
TITLE NAME STREET ADDRESS CITY_ST_ZIP		☐ Defete				* · · · · · · · ·	Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Deleter				` <b>}</b>	☐ Change	Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP		□ Delete	I.			•	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  12.   hereby certify that the inform	nation supplied with this fi	Delete	спу-	ET ADDRESS ST-ZIP	ction 119 07/390	Florida Statutes 1	Change	Addition

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:

<del>727 744 1244</del>