


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90498 012 ***150.00

DOCUMENT # P02000111347					
1. Entity Name CYBERCROSSING CORPORATION					
Principal Place of Business 9655 EAST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154			Mailing Address 9655 EAST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03312004 Chg-P CR2E034 (10/03)	
Zip	Country	Zip	Country	4. FEI Number 54-2079073	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WORKMAN, ALEXANDRA 9655 EAST BAY HARBOR DRIVE #4N BAY HARBOR ISLAND, FL 33154			Name <u>WORKMAN, ALEXANDRA</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>20810 W. Dixie Hwy</u>		
			City <u>No. MIAMI BEACH</u> FL Zip Code <u>33180</u>		
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 <u>[Signature]</u>				DATE <u>4/15/04</u>	
				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WORKMAN, ALEXANDRA M		NAME		
STREET ADDRESS	9655 EAST BAY HARBOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIEVANO, FERNANDO		NAME		
STREET ADDRESS	9655 EAST BAY HARBOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		CITY-ST-ZIP		
TITLE	TRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAPADAKIS, JOHN		NAME		
STREET ADDRESS	9655 EAST BAY HARBOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 all other like empowered.					
SIGNATURE: <u>[Signature]</u>				Date <u>4/15/04</u> Daytime Phone # <u>3058689361</u>	
				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	