


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2004 8:00 am**  
**Secretary of State**

06-02-2004 90001 045 \*\*\*150.00

<b>DOCUMENT # P02000116277</b>					
1. Entity Name CCROSSNETLINE, INC.					
Principal Place of Business 151 N.E. 171ST. STREET NORTH MIAMI, FL 33162			Mailing Address 151 N.E. 171ST. STREET NORTH MIAMI, FL 33162		
2. Principal Place of Business <i>SAME</i>			3. Mailing Address <i>SAME</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04-3720370	
				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  CROSSMEN, CHRISTOPHER 151 N.E. 171ST. STREET NORTH MIAMI, FL 33162				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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>5/26/04</i>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		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	PD CROSSMEN, CHRISTOPHER 151 N.E. 171ST. STREET NORTH MIAMI, FL 33162	<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>5/26/04</i> Daytime Phone #		

54056306



03202003 Chg-P CR2E034 (10/03)

ATTACHMENT

54056306

#D02000116277

**CCROSSNETLINE INC  
151 NE 171 STREET  
NORTH MIAMI, FL 33162**

**May 26, 2004**

**Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, Fl. 32314**

**Re: CCROSSNETLINE INC.  
EIN #04-3720370**

**Dear Sir or Madam:**

**Please be advised that the above mentioned uniform business report was never received for timely submission.**

**Therefore, we are requesting that the delinquent fees be waived, and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00.**

**Please advise.**

**Thank you for your prompt attention to the above mentioned matter.**

**Sincerely,**



**Christopher Crossmen**

**CL/rr**