2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004
Secretary of State

DOCUMENT# P03000114155

Entity Name: CROSSWAYS TRUCKING CORPORATION

Current Principal Place of Business:

6983 NW 19 ST
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6983 NW 19 ST
MARGATE, FL 33063

New Mailing Address:

FEI Number: 75-3133586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JARAMILLO, CLAUDIA
6983 NW 19 ST
MARGATE, FL 33063

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JARAMILLO, CLAUDIA
Address: 6983 NW 19 ST
City-St-Zip: MARGATE, FL 33063

Title: V ( ) Delete
Name: PALACIOS, MARIA ANDREA
Address: 4280 NW 55 DR
City-St-Zip: COCONUT CREEK, FL 33063

Title: S ( ) Delete
Name: GOMEZ, AYDEE
Address: 6983 NW 19 ST
City-St-Zip: MARGATE, FL 33063

Title: T ( ) Delete
Name: GOMEZ, ANDRES
Address: 6983 NW 19 ST
City-St-Zip: MARGATE, FL 33063

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V ( ) Change (X) Addition
Name: MONSALVE, LUIS A
Address: 6983 NW 19 ST
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA JARAMILLO P 01/29/2004

Electronic Signature of Signing Officer or Director — Date