

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90316 024 ***150.00

DOCUMENT # P04000013129

1. Entity Name
ACROSS BUILDERS CORP.



Principal Place of Business
**100 BAYVIEW DR.
1415
SUNNY ISLES, FL 33160**

Mailing Address
**100 BAYVIEW DR.
1415
SUNNY ISLES, FL 33160**

DO NOT WRITE IN THIS SPACE



04052006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0607258

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LONDOÑO, FELIPE A
2410 GALT OCEAN DR.
2104N
FT LAUDERDALE, FL 33308**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ECHAVARRIA, ALVARO H
STREET ADDRESS	9249 CARLYLE AV.
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	VP
NAME	TABARES, RUTH M
STREET ADDRESS	9249 CARLYLE AV.
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	SECR
NAME	TABARES, RUTH M
STREET ADDRESS	9249 CARLYLE AV.
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	TREA
NAME	LONDOÑO, FELIPE A
STREET ADDRESS	2410 GALT OCEAN DR, #2104N
CITY-ST-ZIP	FT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-06 786-2777081