2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000013129

Entity Name: ACROSS BUILDERS CORP.

FILED Mar 27, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

100 BAYVIEW DR. 1415

SUNNY ISLES, FL 33160

Current Mailing Address: New Mailing Address:

100 BAYVIEW DR. 1415

SUNNY ISLES, FL 33160

FEI Number: 20-0607258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LONDOÑO, FELIPE A ECHAVARRIA, ALVARO H 2410 GALT OCEAN DR. ECHAVARRIA, ALVARO H 100 BAYVIEW DR

2104N 1415

FT LAUDERDALE, FL 33308 US SUNNY ISLES, FL 33160 US

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: ALVARO H ECHAVARRIA 03/27/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ECHAVARRIA, ALVARO H ECHAVARRIA, ALVARO H Name: Name: 9249 CARLYLE AV. 100 BAYVIEW DR SUITE 1415 Address: Address: SURFSIDE, FL 33154 City-St-Zip: City-St-Zip: SUNNY ISLES, FL 33160

VΡ Title: (X) Change () Addition Title: () Delete ECHAVARRIA, ALVARO H TABARES, RUTH M Name: Name: 9249 CARLYLE AV. 100 BAYVIEW DR SUITE 1415 Address: Address: SURFSIDE, FL 33154 SUNNY ISLES, FL 33160 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: SECR () Delete TABARES, RUTH M ECHAVARRIA, ALVARO H Name: Name: 9249 CARLYLE AV. 100 BAYVIEW DR SUITE 1415 Address: Address: City-St-Zip: SURFSIDE, FL 33154 City-St-Zip: SUNNY ISLES, FL 33160

Title: TREA () Delete Title: (X) Change () Addition LONDOÑO, FÉLIPE A ECHAVARRIA, ALVARO H Name: Name: Address: 2410 GALT OCEAN DR, #2104N Address: 100 BAYVIEW DR SUITE 1415 City-St-Zip: FT LAUDERDALE, FL 33308 City-St-Zip: SUNNY ISLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALVARO H ECHAVARRIA P 03/27/2008