

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90105 002 ***150.00

DOCUMENT # P04000109302

1. Entity Name
CROSS BORDERS ELECTRONICS, INC.



Principal Place of Business
**14346 SPORTS CLUB WAY
ORLANDO, FL 32837-6987 US**

Mailing Address
**717 EAST OAK STREET
KISSIMMEE, FL 34744 US**

50025799



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
20-1401708

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAUMRUK, ANDY J CPA
717 EAST OAK STREET
KISSIMMEE, FL 34744**

Name
Gregory Granda

Street Address (P.O. Box Number is Not Acceptable)
14346 Sports Club Way

City
Orlando

FL

Zip Code
32837

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

3-10-5

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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
**P.T.
GRANDA, GREGORY
14346 SPORTS CLUB WAY
ORLANDO, FL 328376987** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S.D
GRANDA, THERESA
14346 SPORTS CLUB WAY
ORLANDO, FL 328376987** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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 507, 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 #

407-838-2428
3-10-5