

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000112067

Entity Name: ST. CROIX, INC.

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

4626 UNIVERSITY DR.
CORAL GABLES, FL 331461149

New Principal Place of Business:

Current Mailing Address:

4626 UNIVERSITY DR.
CORAL GABLES, FL 331461149

New Mailing Address:

4626 UNIVERSITY DRIVE
CORAL GABLES, FL 331461149

FEI Number: 59-2137270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OMAN, EARL K
4626 UNIVERSITY DR.
CORAL GABLES, FL 331461149 US

Name and Address of New Registered Agent:

OMAN, EARL K
4626 UNIVERSITY DRIVE
CORAL GABLES, FL 331461149 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: EARL K. OMAN

01/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: GONZALEZ, LAURA
Address: 4626 UNIVERSITY DR.
City-St-Zip: CORAL GABLES, FL 331461149

Title: VD () Delete
Name: PINTO, JUAN
Address: 4626 UNIVERSITY DR.
City-St-Zip: CORAL GABLES, FL 331461149

Title: SD () Delete
Name: OMAN, EARL K
Address: 4626 UNIVERSITY DR.
City-St-Zip: CORAL GABLES, FL 331461149

Title: VD () Delete
Name: ASSELOT, PIERRE
Address: 4626 UNIVERSITY DR.
City-St-Zip: CORAL GABLES, FL 331461149

Title: VD () Delete
Name: ASSELOT, ANDREA
Address: 4626 UNIVERSITY DR.
City-St-Zip: CORAL GALBES, FL 331461149

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LAURA GONZALEZ

PRES

01/08/2007

Electronic Signature of Signing Officer or Director

Date