

2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90018 040 ***150.00

DOCUMENT # P04000153657

1. Entity Name

ACROSS FLORIDA REAL ESTATE INC.



Principal Place of Business

7175 SW 8 STREET SUITE 209
MIAMI, FL 33144

Mailing Address

7175 SW 8 STREET SUITE 209
MIAMI, FL 33144

50032910



2. Principal Place of Business

7175 SW 8 St.

3. Mailing Address

7175 SW 8 St.

Suite, Apt. #, etc.

209

Suite, Apt. #, etc.

209

City & State

MIAMI, Florida

City & State

MIAMI, Florida

Zip

33144

Country

MIAMI, Dade

Zip

33144

Country

MIAMI, Dade

03282005

Chg-P

CR2E034 (10/03)

4. FEJ Number

30-0282767

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRENA, MAELYS
7175 SW 8 STREET SUITE 209
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Maelys Brena *Maelys Brena* 3/29/2005

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, 2005 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	☐ Delete
NAME	CORTES, DANIEL	
STREET ADDRESS	7175 SW 8 STREET SUITE 209	
CITY - ST - ZIP	MIAMI, FL 33144	
TITLE	V	☐ Delete
NAME	BRENA, MAELYS	
STREET ADDRESS	7175 SW 8 STREET SUITE 209	
CITY - ST - ZIP	MIAMI, FL 33144	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(6), 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:

Maelys Brena *Maelys Brena* 3/29/2005 21824446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone