

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90288 037 \*\*\*150.00

**DOCUMENT # P93000016433**

1. Entity Name  
**INTERCROSS IMPORT & EXPORT, INC.**



Principal Place of Business  
**4726 S.W. 72ND AVENUE  
MIAMI, FL 33155**

Mailing Address  
**4726 S.W. 72ND AVENUE  
MIAMI, FL 33155**



2. Principal Place of Business  
**13225 SW 46TH TERR**

3. Mailing Address  
**13225 SW 46TH TERR**

Suite, Apt. #, etc.

04242004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI FL 33175**

City & State  
**MIAMI FL**

Zip  
**33175**

Country  
**MIAMI-DADE**

Zip  
**33175**

Country  
**MIAMI-DADE**

4. FEI Number  
**65-0392117**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**MALLEIRO, MANUEL A  
4726 S.W. 72ND AVENUE  
MIAMI, FL 33155**

7. Name and Address of New Registered Agent  
Name  
**MALLEIRO, MANUEL A**  
Street Address (P.O. Box Number is Not Acceptable)  
**13225 SW 46TH TERRACE**  
City  
**MIAMI** FL Zip Code  
**33175**

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 **04/23/2004**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, DEMETRIO		NAME	ALVAREZ, DEMETRIO	
STREET ADDRESS	4726 S.W. 72ND AVE.		STREET ADDRESS	1851 WASHINGTON AVE #4A	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLEIRO, MANUEL A		NAME	MALLEIRO, MANUEL A	
STREET ADDRESS	4726 S.W. 72ND AVE.		STREET ADDRESS	13225 SW 46TH TERRACE	
CITY-ST-ZIP	MIAMI, FL 33155		CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 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: **DEMETRIO R. ALVAREZ**  
PRESIDENT **04/23/04** **305 773 0288**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #