

**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**

4. FEI Number  
**65-0392117**

Applied For  
 Not Applicable

Zip  
**33175**

Country  
**MIAMI-DADE**

Zip  
**33175**

Country  
**MIAMI-DADE**

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 

DATE **04/23/2004**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, DEMETRIO 4726 S.W. 72ND AVE. MIAMI, FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MALLEIRO, MANUEL A 4726 S.W. 72ND AVE. MIAMI, FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, DEMETRIO 1851 WASHINGTON AVE #4A MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MALLEIRO, MANUEL A 13225 SW 46TH TERRACE MIAMI FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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 #