2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000057363

 Entity Name THE CROSS STRATEGY GROUP, INC.



FILED Apr 07, 2004 08:00 AM Secretary of State

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Principal Piac	of Business	Mailing Address					
12291 NW 2 PLANTATION		12291 NW 20 CT PLANTATION, FL 33323		1			
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A CONTRACTOR OF THE	100 To			1 144	e seris land and and and and	mente mater emmun seletu mermu turmut 11.1990)	
	And the second s			04012004	No Chg-P	GR2E034 (10/03)	
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and the second	The state of the s		A Strategy of the second	1	of Status Desired	\$8.75 Additional	
				3. Ceronicale	OF OLDING DESIFEC	Fee Required	
6. Name and Address of Current Registered Agent							
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SCHAFER	, BRIAN 20TH COURT	DO NOT WRITE					
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The state of the s				Par land	THIS SPA	ACE.	
No. 1 No. 2						7:	
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.							
CIGNATI IDE							
SIGNATURE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		 Election Campaign Finar Trust Fund Contribution. 		.00 May Be	0000001	05503	
Aiteini	ay 1, 2004 Fee will be \$550.00				04/07/04-8	0028-012 150.00	
10.	OFFICERS AND D	RECTORS					
THE	P			33,700		<u> </u>	
NAME STREET ADDRESS	SCHAFER, B 12291 NW 20TH CT		We shall have been as the state of the state				
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STREET ADDRESS	TADDRESS 186 BLUE MOON AVE			The state of the s			
CRY-SY-ZIP	LAKE PLACID, FL 33852		talendaria and a second		The state of the s		
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NAME	DOWNES, SCOTT			alle plante and the advantage	to the state of th		
STREET ADDRESS 9103 F SW 20 STREET CITY-51-ZP BOCA RATON, FL 33428			Allow and the second	DO	NOT WI	RITE	
O11-01-E1	BUCK KATUR, FL 33420		and the same of th	15.75			

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all others, like primpoyered.

SIGNATURE:

me NAME STREET ADDRESS CITY-ST-ZIP

HAME STREET ADDRESS CITY-ST-ZIP BILE NAME STREET ADDRESS

954-583-2444