

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2006 8:00 am**  
**Secretary of State**

09-08-2006 90002 045 \*\*\*150.00

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09032006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P97000086733</b> 1. Entity Name <b>CROSSRIVER ASSOCIATES, INC.</b>					
Principal Place of Business <b>10585 SW 109TH COURT 201 MIAMI, FL 33176</b>			Mailing Address <b>P.O. BOX 162804 MIAMI, FL 33116 US</b>		
2. Principal Place of Business <b>711 SW 15TH AVE.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>MIAMI FL</b>		City & State		4. FEI Number <b>65-0786381</b>	
Zip <b>33135</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BUROSERV 10585 SW 109TH COURT STE 201 MIAMI, FL 33176</b>				7. Name and Address of New Registered Agent Name <b>BUROSERV CORPORATE SERVICES</b> Street Address (P.O. Box Number is Not Acceptable) <b>711 SW 15 AVE.</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33135</b>	
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 <u><i>Francisco Dela Paz</i></u> (NOTE: Registered Agent signature required when filing) DATE <u>9/3/06</u>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD DE LA PAZ, FRANCISCO 10585 SW 109TH CT STE 201 MIAMI, FL 33176</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD FRANCISCO DELAPAZ 711 SW 15 AVE MIAMI FL 33135</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 exemptions contained 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 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: <u><i>Francisco Dela Paz</i></u>			Date <u>9/3/06</u> Daytime Phone #		