

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000037698		Secretary of State			
1. Entity Name CROSSBOW VENTURES INC.					
Principal Place of Business 1 N CLEMATIS STREET STE 510 W PALM BEACH, FL 33401 US		Mailing Address 1 N CLEMATIS STREET STE 510 W PALM BEACH, FL 33401 US			
DO NOT WRITE IN THIS SPACE					
		02172004 No Chg-P CR2E034 (10/03)			
		<table border="1"><tr><td>4. FEI Number 65-0834042</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 65-0834042	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 S. DADELAND BLVD. STE 508 MIAMI, FL 33156		DO NOT WRITE IN THIS SPACE			
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 _____ (NOTE: Registered Agent signature required when renaming) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE J000000156134 05/05/04-80064-019 150.00			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD WARNER, STEPHEN J 1 N CLEMATIS STREET STE 510 WEST PALM BEACH, FL 33401				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EICHENBERGER, RENE P 1 N CLEMENTS STREET STE 510 WEST PALM BEACH, FL 33401				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDA, GRATIAN BLEICHERWEG 18 CH-8002 ZURICH SWITZERLAND,				
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE 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)(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 another like empowered.					
SIGNATURE: _____		4.27.04 5618389005			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			