

FILED
Aug 12, 2005 08:00 AM
Secretary of State

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|---|--|---|--|--|--|
| DOCUMENT # P99000013484 1. Entity Name CROSS SOLUTIONS, INC. | | | | Aug 12, 2005 08:00 Secretary of State | |
| Principal Place of Business 6356 SHADOW CREEK VILLAGE CIRCLE LAKE WORTH, FL 33463 | | Mailing Address PO BOX 1938 BOCA RATON, FL 33429 | | | |
| <p style="font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p> | | | | | |
| | | <div style="float: right; text-align: right;"> 05212005 No Chg-P CR2E034 (10/03) </div> | | | |
| | | 4. FEI Number 65-0895402 | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent DELEON, MARY 6356 SHADOW CREEK VILLAGE CIR LAKE WORTH, FL 33463 | | | <p style="font-size: 2em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p> | | |
| 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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | <div style="float: right; text-align: right;"> 1100000376298 08/12/05-00004-010 150.00 </div> <div style="clear: both;"></div> <p style="font-size: 2em; font-weight: bold; text-align: center;">DO NOT WRITE IN THIS SPACE</p> | | | | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Mary De Leon</i> Date: 8/10/2005 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |