2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# P99000030752

Entity Name: CRUSADER ACCESS SYSTEMS, INC.

Current Principal Place of Business:

3748 NW 80 ST
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

3748 NW 80 ST
MIAMI, FL 33147

New Mailing Address:

FEI Number: 65-0943700 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, NANCY
9990 SW 77 AVE
MIAMI, FL 33156

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GARCIA, NANCY
Address: 3700 W 6TH AVENUE
City-St-Zip: HIALEAH, FL 33012

Title: VP ( ) Delete
Name: GARCIA, LUCY
Address: 3700 W 6TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: T (X) Delete
Name: GARCIA, VALENTIN
Address: 3700 W 6TH AVENUE
City-St-Zip: HIALEAH, FL 33012

Title: S (X) Delete
Name: GARCIA, FRANCISCA
Address: 3700 W 6 AVE
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP/S (X) Change ( ) Addition
Name: GARCIA, LUCY
Address: 3700 W 6TH AVE
City-St-Zip: HIALEAH, FL 33012

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY GARCIA PD 04/23/2004

Electronic Signature of Signing Officer or Director — Date