## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2004 08:00 AM Secretary of State **DOCUMENT # P99000084953** 1. Entity Name CROSSOVERTECH, INC. Mailing Address Principal Place of Business 7102 SW 113 CT 7102 SW 113 CT MIAMI, FL 33173 MIAMI, FL 33173 02182004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0950973 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MACHADO, CARIDAD 10200 SW 32 STREET MIAMI, FL 33165 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, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MACHADO, CARIDAD NAME U00000129527 04/26/04-80082-006 150.00 7102 SW 113 CT STREET ADDRESS MIAMI, FL 33173 CITY-ST ZIP VSD \* LE MACHADO, LUIS E NAME 7102 SW 113 CT STREET ADDRESS CITY ST ZIP MIAMI, FL 33173 TITLE MALSE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-7IP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/04 305,273,4775

**FILED**