

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000087315

1. Entity Name
CROSSINGS WAREHOUSE ASSOCIATES, INC.



Principal Place of Business
7765 S.W. 87TH AVE., STE. 200
MIAMI, FL 33173

Mailing Address
7765 S.W. 87TH AVE., STE. 200
MIAMI, FL 33173



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0954177

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CASTELLON, ALBERT
7765 SW 87TH AVE
SUITE 200
MIAMI, FL 33173

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000097717

03/29/04-80011-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BETANCOURT, RAMIRO A 7765 SW 87TH AVE., STE. 200 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CASTELLON, ALBERT 7765 S.W. 87TH AVE., STE. 200 MIAMI, FL 33173
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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:

Albert Castellon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-04

(305)
598-2932