

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90031 044 ***158.75

DOCUMENT # S54618

1. Entity Name
SOUTHERN CROSS INDUSTRIES, INC.



Principal Place of Business
2121 PONCE DE LEON BLVD.
STE. 721
CORAL GABLES, FL 33134-5222 US

Mailing Address
306 ALCAZAR AVENUE
SUITE 302
CORAL GABLES, FL 33134

94040307



2. Principal Place of Business

306 ALCAZAR AVE
Suite, Apt. #, etc.
SUITE 302

3. Mailing Address

306 ALCAZAR AVE
Suite, Apt. #, etc.
SUITE 302

03182004 Chg-P CR2E034 (10/03)

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

4. FEI Number
65-0263855

Applied For
Not Applicable

Zip Country
33134 USA

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33134 USA

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

6. Name and Address of Current Registered Agent

VEGA, ALBERT P
2121 PONCE DE LEON BLVD.
STE. 721
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
306 ALCAZAR AVE
SUITE 302
City CORAL GABLES FL Zip Code 33134

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 and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/04

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

10. OFFICERS AND DIRECTORS

TITLE DPVT ☐ Delete
NAME CAPDEVIELLE, MARTINE
STREET ADDRESS 34 W 87 ST #3R
CITY-ST-ZIP NEW YORK, NY 10024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1100 MADISON AVE, # 105
CITY-ST-ZIP NEW YORK, NY 10028

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/26/04