


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # S54618 1. Entity Name SOUTHERN CROSS INDUSTRIES, INC. |  |
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| Principal Place of Business 306 ALCAZAR AVE. STE 302 CORAL GABLES, FL 33134 US | Mailing Address 306 ALCAZAR AVE. STE 302 CORAL GABLES, FL 33134 US |
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01192007 No Chg-P CR2E034 (11/05)

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| | |
|--|-----------------------------------|
| 4. FEI Number 65-0263855 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent VEGA, ALBERT P 306 ALCAZAR AVE. STE 302 CORAL GABLES, FL 33134 |
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**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000647143
03/06/07-811611-016 158.75

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPVT CAPDEVIELLE, MARTINE 1100 MADISON AVE #10J NEW YORK, NY 10028 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **2/2/07** **305 773 3366**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #