

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V64770

FILED
Apr 03, 2009
Secretary of State

Entity Name: CROSSWAYS HOTEL, INC.

Current Principal Place of Business:

4251 NW 11TH STREET
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

1005 SW 87TH AVE
MIAMI, FL 33174

New Mailing Address:

FEI Number: 65-0358698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, ALFREDO
9521 SW 102ND ST
MIAMI, FL 33176 US

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: VALDES, ALFREDO
Address: 9521 S.W. 102ND ST.
City-St-Zip: MIAMI, FL 33176

Title: T () Delete
Name: VALDES, ROSA
Address: 11273 SW 29TH STREET
City-St-Zip: MIAMI, FL 33165

Title: S () Delete
Name: VALDES, MAYRA
Address: 9521 SW 102 ST
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 exemption stated 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 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: ALFREDO VALDES

PD

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date