2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

FILED Jan 27, 2005 08:00 AM Secretary of State DOCUMENT # P03000109563 1. Entity Name CRUZ GRADING & CORE DRILLING, INC. Principal Place of Business Mailing Address 1783 53 LANE SW NAPLES FL 34116 1783 53 LANE SW NAPLES FL 34116 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 01-0798703 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRUZ, ANA 1783 53 LANE SW Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34116 Zip Code 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 TNOTE Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete MIE ☐ Addition Change NAME CRUZ, ANA NAME STREET ADDRESS 1783 53 LANE SW UD00000198485 STREET ADDRESS 01/27/05-80051-018 150.00 CITY-ST-ZIP NAPLES FL 34116 CITY-ST-ZIP THE ☐ Defete w.e Change Addition CRUZ, VICENTE STREET ADDRESS 1783 53 LANE SW STREET ADDRESS CITY-\$1-ZIP NAPLES FL 34116 CITY-ST-ZIP TOTALE Defete TITLE Change Addition NAME MAME STREET ADDRESS STREE; ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TOTLE Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 100.5Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-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)(1), 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Davime Phone #