2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2007 08:00 AM DOCUMENT # P03000109563 **Secretary of State** 1. Entity Namo CRUZ GRADING & CORE DRILLING, INC. Principal Placo of Business Mailing Address 1783 53 LANE SW 1783 53 LANE SW NAPLES FL 34116 NAPLES FL 34116 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 01-0798703 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CRUZ, ANA Street Address (P.O. Box Number is Not Acceptable) 1783 53 LANE SW NAPLES FL 34116 Zip Code FL 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 (NCTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D TITLE Delete TITLE ☐ Change ☐ Addition CRUZ, ANA NAM NAME -016 150.00 1783 53 LANE SW STREET ADORESS STRELT ADDRESS NAPLES FL 34116 CATY - ST - ZIP CITY-ST 7IP D TITLE ☐ Delete IIITE ☐ Change ☐ Addition CRUZ, VICENTE NAME NAME 1783 53 LANE SW STREET ADDRESS STREET ADDRESS NAPLES FL 34116 CITY - ST - ZIP CITY ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST ZIP MUL ☐ Delete TIME ☐ Change ☐ Addition MAIAE NAME SINCE I ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-71P Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY - ST- ZIP IIILE mu ☐ Change ☐ Addition ☐ Delete NAM NAME STREET ADDRESS STREET ADDRESS CITY SI ZIP CITY-ST ZIP

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devire Phone #

if changed, or on an attachment with an address, with all other like empowered

12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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