

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000059103

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: JM CRUZ ENTERPRISES INC.

## Current Principal Place of Business:

2172 N.E. BISHOP STREET  
ARCADIA, FL 34266

## New Principal Place of Business:

## Current Mailing Address:

2172 N.E. BISHOP STREET  
ARCADIA, FL 34266

## New Mailing Address:

FEI Number: 20-2756438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARCIA, LOUIS D  
13446 S.W. 62ND STREET  
MIAMI, FL 33183 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: D ( ) Delete  
Name: CRUZ, JAIME JOEL  
Address: 2172 N.E. BISHOP STREET  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Delete  
Name: CRUZ, MARIA BELEN  
Address: 2172 N.E. BISHOP STREET  
City-St-Zip: ARCADIA, FL 34266

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARIA BELEN CRUZ

D

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date