


2007

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

07 MAR -1 PM 2: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA *JS*

DOCUMENT # P05000076210 1. Entity Name CRUZ-IN-WITH-BOB, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3040 Holiday Springs Blvd.	3. Mailing Address 3040 Holiday Springs Blvd.
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Suite, Apt. #, etc. Suite 205	Suite, Apt. #, etc. Suite 205
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City & State Margate, Florida	City & State Margate, Florida
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Zip 33063-5425	Country	Zip 33063-5425	Country
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4. FEI Number 04-3816705	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name SPIEGEL & UTRERA, P.A.	
Street Address (P.O. Box Number is Not Acceptable)	
1840 Southwest 22 Street, 4th Floor	
City Miami	State FL
Zip Code 33145	

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. **Spiegel & Utrera, P.A.**

SIGNATURE By: Natalia Utrera, Vice President DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	PD Kladerman, Robert L.	TITLE	700091009297 03/06/07--01009--015 **150.00
NAME	3040 Holiday Springs Blvd., Suite 205	NAME	
STREET ADDRESS	Margate, Florida 33063-5424	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	V Kladerman, Dorothy	TITLE	
NAME	3040 Holiday Springs Blvd., Suite 205	NAME	
STREET ADDRESS	Margate, Florida 33063-5424	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	S Keszte, Judi R.	TITLE	
NAME	3040 Holiday Springs Blvd., Suite 205	NAME	
STREET ADDRESS	Margate, Florida 33063-5424	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	T Kladerman, David S.	TITLE	
NAME	3040 Holiday Springs Blvd., Suite 205	NAME	
STREET ADDRESS	Margate, Florida 33063-5424	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - 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)(i), 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 on an attachment with an address with a telephone number.

SIGNATURE: Robert L. Kladerman Robert L. Kladerman, Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)