


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 519281
 1. Entity Name
 ARMANDO J. CRUZ, M.D., P.A.



Principal Place of Business
 825 SW 87TH AVENUE
 MIAMI, FL 33174

Mailing Address
 825 SW 87TH AVENUE
 MIAMI, FL 33174



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-1705795 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CRUZ, ARMANDO J.
 825 SW 87 AVE
 MIAMI, FL 33174

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CRUZ, ARMANDO J. 825 SW 87TH AVENUE MIAMI FL, |
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 01/14/05-80025-016 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Armando J. Cruz Date: 01/10/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #