


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 08:00 AM**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



07052006    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-1705795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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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IN THIS SPACE**

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 reinstating)      DATE \_\_\_\_\_

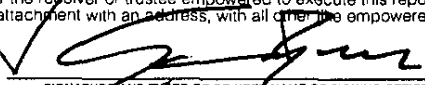
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, ARMANDO J. 825 SW 87TH AVENUE MIAMI FL.
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07/18/06-80007-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 the empowered.

**SIGNATURE:**       7/17/06      305-2661766  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #