

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000000966	
1. Entity Name CRUZ-PERAZA ENTERPRISES NO. 1 LTD.	

Principal Place of Business 2523 S.W. 99TH PLACE MIAMI, FL 33165	Mailing Address 2523 S.W. 99TH PLACE MIAMI, FL 33165
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc	Suite, Apt. #, etc	City & State	City & State
Zip	Country	Zip	Country



07082004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0841959	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRUZ-PERAZA, MIGUEL 2523 S.W. 99TH PLACE MIAMI, FL 33165		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable.

9. Capital Contributions as Shown on record. \$560,000.00	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000031572	STREET ADDRESS	
NAME	CRUZ-PERAZA CORPORATION	CITY-STATE-ZIP	
STREET ADDRESS	2523 S.W. 99TH PLACE		
CITY-STATE-ZIP	MIAMI, FL 33165		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-STATE-ZIP	
STREET ADDRESS			
CITY-STATE-ZIP			
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STREET ADDRESS			
CITY-STATE-ZIP			

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE