

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Aug 01, 2007 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



07242007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0841959	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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6. Name and Address of Current Registered Agent

CRUZ-PERAZA, MIGUEL
2523 S.W. 99TH PLACE
MIAMI, FL 33165

DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

DATE _____

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

DOCUMENT #	P98000031572
NAME	CRUZ-PERAZA CORPORATION
STREET ADDRESS	2523 S.W. 99TH PLACE
CITY-ST-ZIP	MIAMI, FL 33165

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CITY-ST-ZIP	

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08/01/07-80006-012 500.00

DO NOT WRITE
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14. 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 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