

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 22 PM 2:16

**DO NOT WRITE IN THIS SPACE**



04112008 No Chg-LP

CR2E003 (12/06)

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**

**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  
After May 1, 2008, Fee will be \$900.00**

**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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**900130090159**  
05/23/08--01001--005 \*\*500.00

**DO NOT WRITE  
IN THIS SPACE**

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