

F080000004842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

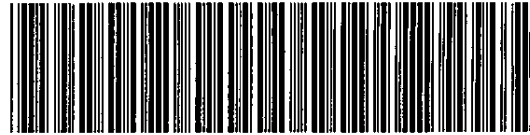
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 MAY - 7 AM 8:49

Amend  
Affidavit to  
Chg D/D  
@ 5/10/12

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cruz Group Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F08000004842

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jayanti Dev

Name of Contact Person

Cruz Group, Inc

Firm/Company

11980 SW 144 Court, #211

Address

Miami, FL 33186

City/State and Zip Code

jdev@cruzgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jayanti Dev

Name of Contact Person

at (305) 439-6040

Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &  
Certificate of Status



\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)



\$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy  
(Additional copy is  
enclosed)

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)  
AND/OR DIRECTOR(S)**

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:

CRUZ GROUP INC.

2. This entity was authorized to transact business in Florida on 11/10/2008 and its Florida document number is F0800000 4842

3. This corporation was formed under the laws of Florida

4. The name and address of each officer and/or director is as follows:

Title:

PRESIDENT

Name and Address

GUILLERMO R. CRUZ

P.O. Box 431436

MIAMI FL 33243

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(Attach additional pages if necessary)

X Signature of an officer or director

Carmen P. Cruz

Typed or printed name of person signing

CR2E127 (10/11)

President

Title of person signing

**FILING FEE \$35**

Make checks payable to Florida Department of State and Mail to:  
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314