2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2004 08:00 AM DGCUMENT # G68518 **Secretary of State** 1. Entity Name J.M. CRUZ INCORPORATED Principal Place of Business Mailing Address % INOCENCIO ROGER CRUZ % INOCENCIO ROGER CRUZ 565 W 27TH ST HIALEAH FL 33010-1322 565 W 27TH ST HIALEAH FL 33010-1322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2385370 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CRUZ, INOCENCIO ROGER Street Address (P.O. Box Number is Not Acceptable) 565 W 27TH ST HIALEAH FL 33010 City Zip Code 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 little if applicable. (NOTE, Registered Agen) signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition U000000149466 CRUZ, INOCENCIO P. NAME NAME 02/13/04-80024-009 150.00 565 W. 27TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP DV ☐ Delete DILE THIF Change Addition FRANCISCO, CRUZ J NAME NAME STREET ADDRESS 565 W. 27TH STREET STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MAME MARKE STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-7(P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. 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 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 like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-04 Date 305-885326 Daytime Phone #

FILED