


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90034 010 \*\*\*150.00

<b>DOCUMENT # G68518</b>	
1. Entity Name J.M. CRUZ INCORPORATED	

Principal Place of Business % INOCENCIO ROGER CRUZ 565 W 27TH ST HIALEAH, FL 33010-1322	Mailing Address % INOCENCIO ROGER CRUZ 565 W 27TH ST HIALEAH, FL 33010-1322
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**50059340**



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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07152005 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 59-2385370	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
CRUZ, INOCENCIO ROGER 565 W 27TH ST HIALEAH, FL 33010	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT CRUZ, INOCENCIO P. 565 W. 27TH STREET HIALEAH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRANCISCO, CRUZ J 565 W. 27TH STREET HIALEAH, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Inocencio P. Cruz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-05  
 Date Daytime Phone #

**J.M. Cruz Incorporated**

**ATTACHMENT**

50059340

565 W 27<sup>th</sup> St  
Hialeah, FL 33010-1322

July 29, 2005

Florida Department of State  
Glenda E. Hood  
Secretary of State

Subject: J.M. Cruz Incorporated Ref Number: G68518 Letter Number 405A00046830

Dear Mr. Dunlap:

In response to the referred letter I am sending you a new form and check to pay for the profit annual report fee. At the same time I'd like to request the waiver of the late fee for the following reasons:

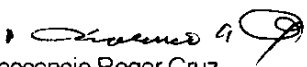
The fee to file the profit annual report of \$150.00 was sent on a timely manner (July 5<sup>th</sup>, 2005)

Due to an administrative error the form was also sent on a timely manner (same day July 5<sup>th</sup>, 2005) but on a separate envelope.

Apparently your office received the check but did not match it with the form so my check has been returned on July 15<sup>th</sup>, which resulted in having my company with delinquency status due to an error. This company through its entire history has never been delinquent on any payment.

For all of the above reasons I respectfully request your department to waive the late fee assed.

Sincerely,

  
Inocencio Roger Cruz  
President

**Note: attached form and original ck# 2783 dated 7-6-05**