


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # G68518
 1. Entity Name
J.M. CRUZ INCORPORATED



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



01212006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2385370 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CRUZ, INOCENCIO ROGER
565 W 27TH ST
HIALEAH, FL 33010

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRANCISCO, CRUZ J 565 W. 27TH STREET HIALEAH, FL
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 03/03/06-80023-015 150.00

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12. 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 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 Cruz **1-20-06** **305-885-3264**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #