


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # G68518 1. Entity Name J.M. CRUZ INCORPORATED	
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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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01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2385370	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 re-registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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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01/19/07-80066-019 150.00

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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 President 1-1-07 305 8853264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #