


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000000012 1. Entity Name CRUZ CASTILLO CONSULTING, INC.						FILED 04 APR 30 PM 12:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1107 W. MABBETTE ST. 258 KISSIMMEE, FL 34741				Mailing Address 1107 W. MABBETTE ST. 258 KISSIMMEE, FL 34741			
2. Principal Place of Business 6220 S Orange Blossom Tr. Suite, Apt. #, etc. Suite 175 City & State Orlando, FL Zip 32809				3. Mailing Address 6220 orange Blossom Tr. Suite, Apt. #, etc. Suite 175 City & State Orlando, FL Zip 32809			
4. FEI Number 01-0618860				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04302004 Chg-NP CR2E037 (10/03)			
6. Name and Address of Current Registered Agent CASTILLO, CRUZ E 3501 WEST VINE STREET 258 KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name CRUZ CASTILLO Street Address (P.O. Box Number is Not Acceptable) 6220 orange Blossom Tr Suite 175 City Orlando			
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 <i>KH</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASTILLO, CRUZ E 365 BUTTONWOOD DRIVE KISSIMMEE, FL 34743			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CASHIO, CRUZ PO Box 420748 Kissimmee, FL 34742		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEER-WILLIAMS, AUDREY 2415 MARCASTLE LOOP KISSIMMEE, FL 34743			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400035849584 05/11/04--01019--021 **122.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUEVEDO, JOSE A 365 BUTTONWOOD DRIVE KISSIMMEE, FL 34743			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Quevedo, Jose A PO Box 420748 Kissimmee, FL 34742		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			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"/> Delete			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 617, 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: <i>Crux Castillo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4-30-04 Daytime Phone #			