

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007181

FILED  
May 09, 2007  
Secretary of State

Entity Name: JAIME CRUZ MEMORIAL FOUNDATION INC.

**Current Principal Place of Business:**

27705 SW 132ND CT  
NARANJA, FL 33032

**New Principal Place of Business:**

**Current Mailing Address:**

27705 SW 132ND CT  
NARANJA, FL 33032

**New Mailing Address:**

FEI Number: 20-3184633      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CRUZ, MARIA B  
27705 SW 132ND CT  
NARANJA, FL 33032      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CRUZ, MARIA B  
Address: 27705 SW 132ND CT  
City-St-Zip: NARANJA, FL 33032

Title: D ( ) Delete  
Name: JORDAN, MARIA S  
Address: 27705 SW 132ND CT  
City-St-Zip: NARANJA, FL 33032

Title: D ( ) Delete  
Name: ELLIS, CRISTINA  
Address: 16100 S.W. 283 STREET  
City-St-Zip: HOMESTEAD, FL 33033

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA B CRUZ

PRES

05/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date