

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P0000016099
 1. Entity Name
 LA CRUZ MANAGEMENT, CORP.



Principal Place of Business
 906 EDGEHILL DRIVE
 PALM HARBOR, FL 34684

Mailing Address
 906 EDGEHILL DRIVE
 PALM HARBOR, FL 34684

DO NOT WRITE IN THIS SPACE



01142008 No Chg-P CR2E034 (11/05)

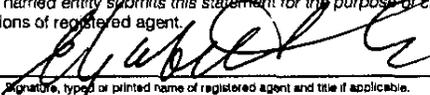
4. FEI Number 59-3690992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, ELIZABETH I
 906 EDGEHILL DR
 PALM HARBOR, FL 34684

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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 1-15-2008

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, 2008 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	PVTS LEWIS, ELIZABETH I 906 EDGEHILL DR PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100000789974
 01/23/08-80013-022-150-00

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, I am empowered.

SIGNATURE:  DATE 1-15-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #