

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000091208

FILED
Mar 12, 2009
Secretary of State

Entity Name: DELACRUZ ENTERPRISE'S INC.

Current Principal Place of Business:

322 GUNNERY RD.
SUITE B
LEHIGH ACRES, FL 33971

New Principal Place of Business:

Current Mailing Address:

322 GUNNERY RD.
SUITE B
LEHIGH ACRES, FL 33971

New Mailing Address:

FEI Number: 65-0040882 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELACRUZ, GUADALUPE
12341 VILLAGIO WAY
FT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DELACRUZ, GUADALUPE
Address: 12341 VILLAGIO WAY
City-St-Zip: FT MYERS, FL 33912

Title: STD () Delete
Name: DELACRUZ, MELISSA
Address: 12341 VILLAGIO WAY
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DST (X) Change () Addition
Name: DELACRUZ, MELISSA
Address: 12341 VILLAGIO WAY
City-St-Zip: FT MYERS, FL 33912

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA DELACRUZ

DST

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date