


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90001 020 ***150.00

DOCUMENT # P01000014729					
1. Entity Name CRUZLEAL ENTERTAINMENT, INC.					
Principal Place of Business 15585 SW 76 LN 81 MIAMI, FL 33193		Mailing Address 15585 SW 76 LN 81 MIAMI, FL 33193		34061331	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212004 Chg-P CR2E034.(10/03)	
City & State		City & State		4. FEI Number 65-1084884	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUZ, ARMANDO R 7007 SW 120 AVENUE MIAMI, FL 33183			7. Name and Address of New Registered Agent Name LEAL, ANABEL Street Address (P.O. Box Number is Not Acceptable) 15585 SW 76 LN # 81 City MIAMI FL Zip Code 33193		
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: Anabel Leal (Signature) Anabel Leal (Printed Name) 3/21/04 (Date) <small>(NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be Added to Fees. <input type="checkbox"/> Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, ARMANDO R 15585 SW 76 LANE #81 MIAMI, FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Leal, Anabel 15585 SW 76 LN # 81 MIAMI FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HERNANDEZ, ANABEL L 15585 SW 76 LANE #81 MIAMI, FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Cruz, Armando R. 15585 SW 76 LN # 81 MIAMI FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CACERES, YOANKA O 7007 SW 120 AVENUE MIAMI, FL 33183 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cruz, Armando R. 15585 SW 76 LN # 81 MIAMI FL 33193 <input checked="" 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		
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 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: Anabel Leal (Signature) Anabel Leal (Printed Name)			Date: 3/21/04		Daytime Phone #: 305-385-7649