


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90036 023 ***150.00

DOCUMENT # P01000063128	
1. Entity Name A. ESMERALDA CRUZ, P.A.	

Principal Place of Business 301 ALMERIA AVENUE SUITE 104 CORAL SPRINGS, FL 33134 GABLES	Mailing Address 301 ALMERIA AVENUE SUITE 104 CORAL SPRINGS, FL 33134 GABLES
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2. Principal Place of Business 301 ALMERIA AVE	3. Mailing Address ← SAME
Suite, Apt. #, etc. 104	Suite, Apt. #, etc.

City & State CORAL GABLES	City & State
Zip 33134	Country DADE

01262006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1117377	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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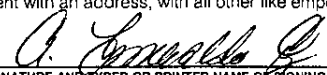
6. Name and Address of Current Registered Agent CRUZ, A. ESMERALDA 301 ALMERIA AVENUE #104 MIAMI , FL 33134 CORAL GABLES	
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7. Name and Address of New Registered Agent Name A. ESMERALDA CRUZ Street Address (P.O. Box Number, is Not Acceptable) 301 ALMERIA AVE SUITE 104 City CORAL GABLES FL Zip Code 33134	
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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 	A. ESMERALDA CRUZ	DATE 1/26/06
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete CRUZ, ESMERALDA 891 SE 4 ST HIALEAH, FL 33010	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
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
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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 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 like empowered.	
SIGNATURE: 	DATE 1/26/06 DAYTIME PHONE # 305 444 6029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	