

FILED
Aug 18, 2003 8:00 am
Secretary of State

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06-30-2003 90065 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P0200038280
1. Entity Name	J & G DE LA CRUZ, INC.

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2. Principal Place of Business 26232 TWIN PINES CT Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State WESLEY CHAPEL, FL	City & State
Zip 33544	Country

4. FEI Number 82-0539478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name JOSE G. SEGURA
Street Address (P.O. Box Number is Not Acceptable) 26232 TWIN PINES CT
City WESLEY CHAPEL
State FL
Zip Code 33544

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 <u>Jose G. Segura</u> DATE <u>7-22-03</u>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25
9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOSE S DE LA CRUZ 26232 TWIN PINES CT WESLEY CHAPEL, FL 33544	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GEORGIA DE LA CRUZ 26232 TWIN PINES DR WESLEY CHAPEL, FL 33544	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: FLORENCE G. HANNA SEGURA DATE: 6-24-03 DAYTIME PHONE: 813 907-0515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR