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May 02, 2003 8:00 am
Secretary of State
05-02-2003 90425 041 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000098484

1. Entity Name
CRUZ, INC.

Principal Place of Business	Mailing Address
21800 CYPRESS CIRCLE., #27C BOCA RATON, FL 33433	21800 CYPRESS CIRCLE., #27C BOCA RATON, FL 33433

2. Principal Place of Business		3. Mailing Address	
2385 Executive Center Dr.		2385 Executive Ctr Dr	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33431	Country USA	Zip 33431	Country

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2377502 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ORTA, JORGE R
2600 S.W. 3RD AVENUE., SUITE 600-B
MIAMI, FL 33129

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

FILE NOW!!! FEE IS $150.00 AFTER MAY 1, 2003 FEE WILL BE $550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME ROBERTA CRUZ STREET ADDRESS 600 NW 7 AV CITY-ST-ZIP BOCA RATON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE S NAME JOSEPHINE CRUZ STREET ADDRESS 1121 CRANDON BLVD CITY-ST-ZIP Key Biscayne 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Roberta Cruz — 4/30/03 — 561 3922689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #