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Secretary of State

06-04-2004 90005 033 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000113999

1. Entity Name
CRUZ ELECTRIC SERVICES, INC

66428952

05182004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1714 ST. ISABEL STREET TAMPA, FL 33607 US	1714 ST. ISABEL STREET TAMPA, FL 33607 US

2. Principal Place of Business	3. Mailing Address
1714 St. Isabel St.	1714 St. Isabel St.
Suite, Apt. #, etc. —	Suite, Apt. #, etc.
City & State: Tampa, Fl.	City & State: Tampa, Fl.
Zip: 33607 Country: USA	Zip: 33607 Country: USA

4. FEI Number: EIN 20-0313369 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRUZ, JOSEPH L SR
1714 ST. ISABEL STREET
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name: Joseph L. Cruz, SR.
Street Address (P.O. Box Number is Not Acceptable): 1714 St. Isabel St.
Tampa, Fl.
City: FL Zip Code: 33607

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: Joseph L. Cruz VP (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

DATE: 5-26-04

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	P CRUZ, JOSEPH R JR 1714 ST. ISABEL STREET TAMPA, FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRUZ, JOSEPH L SR 1714 ST. ISABEL STREET TAMPA, FL 33607	☐ 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

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: Joseph L. Cruz VP (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date: 5-26-04 Daytime Phone #