
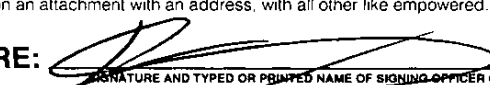


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

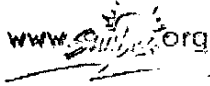
05-18-2007 90023 023 ***150.00

DOCUMENT # P03000125019			
1. Entity Name CRUZ COLLECTION INC.			
Principal Place of Business 3532 SW 143 PLACE MIAMI, FL 33175		Mailing Address 3532 SW 143 PLACE MIAMI, FL 33175	
2. Principal Place of Business - No P.O. Box # 3532 S.W. 143 PL.		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33175		Country	
Country Dade		4. FEI Number 56-2461629	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CRUZ, ESTHER 3532 SW 143 PLACE MIAMI, FL 33175		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D CRUZ, ESTHER 3532 SW 143 PLACE MIAMI, FL 33175 <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: 5/14/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

ATTACHMENT

40116228

Division of Corporations



Annual Report

Annual Report Help

Document Number

P03000125019

Business Entry Name

CRUZ COLLECTION INC.

FEI Number 562461629

FEI Number State Filed For New York

Certificate of State Good Standing Yes

Election Campaign Financing / Trust Fund Contributions Yes

Principal Place of Business

Address 3532 SW 143 PLACE

Suite / Apt # etc

City / State MIAMI FL

Zip Code 33175

Mailing Address

Address 3532 SW 143 PLACE

Suite / Apt # etc

City / State MIAMI FL

Zip Code & Country 33175

Name and Address of Registered Agent

Name (Last, First, Middle, Title) CRUZ ESTHER

- OR -

Business Title (e.g. R)

Address (PO Box is not acceptable) 3532 SW 143 PLACE

Suite / Apt # etc

City / State MIAMI FL

Zip Code & Country 33175 US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block but will not accept the designation of 'registered agent' RA signature is not a mandatory field. If the RA is a business

ATTACHMENT 40116228
#103000125019

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual signing this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s 831.01 Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officer/directors, titles, name, and address on an attachment.

Title: D
Name (Last, First, Middle, Title): CRUZ ESTHER
- OR -
Entity Name to serve as Officer/Director:
Street Address: 3532 SW 143 PLACE
City, State: MIAMI FL
Zip Code & Country: 33175

Title:
Name (Last, First, Middle, Title):
- OR -
Entity Name to serve as Officer/Director:
Street Address:
City, State:
Zip Code & Country:

Title:
Name (Last, First, Middle, Title):
- OR -
Entity Name to serve as Officer/Director:
Street Address:
City, State:
Zip Code & Country:

ATTACHMENT 40116228
#P03000125019

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & County

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & County

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & County

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title **President**
Officer/Director Signature  **Esther Cruz**

This signature must be that of the individual signing this document electronically or be made with the full knowledge and permission of the individual; otherwise, it constitutes forgery under s 831.09, Florida Statute. The individual signing this document affirms that the facts stated herein are true.

Continue Reset