## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 23, 2008 08:00 AN Secretary of State **DOCUMENT # P03000125019** CRUZ COLLECTION INC. Principal Place of Business Mailing Address 3532 SW 143 PLACE 3532 SW 143 PLACE MIAMI, FL 33175 MIAMI, FL 33175 04172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2461629 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CRUZ, ESTHER DO NOT WRITE 3532 SW 143 PLACE MIAMI, FL 33175 IN THIS SPACE 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 expecture required when rein DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$180.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 U00000915474: 1 05/09/08-80016-020 150.00 10. OFFICERS AND DIRECTORS TITLE CRUZ, ESTHER NAME 3532 SW 143 PLACE STREET ADORESS CITY-ST-ZIP MIAMI, FL 33175 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CfTY-ST-7IP

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

IG OFFICER OR DIRECTO