


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90064 016 ***150.00

DOCUMENT # P03000148416

1. Entity Name
ROBERTO G. CRUZ, INC.




Principal Place of Business
**4620 NW 80TH AVENUE
 LAUDERHILL, FL 33351**

Mailing Address
**4620 NW 80TH AVENUE
 LAUDERHILL, FL 33351**

DO NOT WRITE IN THIS SPACE

40107000



03012007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 20-0473101 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**NOFIL, JOSEPH K P.A.
 3284 NORTH STATE ROAD 7
 LAUDERDALE LAKES, FL 33319**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTSD CRUZ, ROBERTO G 4620 NW 80TH AVENUE LAUDERHILL, FL 33351 |
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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: *Roberto G. Cruz* **5/1/07** *Roberto G. Cruz* **9542345272**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #