


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2005 8:00 am**  
**Secretary of State**

07-28-2005 90004 021 \*\*\*150.00

**DOCUMENT # P04000115445**

1. Entity Name  
**CRUZ MORTGAGE, INC.**



Principal Place of Business  
**11853 57TH ROAD NORTH  
ROYAL PALM BEACH, FL 33411**

Mailing Address  
**11853 57TH ROAD NORTH  
ROYAL PALM BEACH, FL 33411**

**50058280**



2. Principal Place of Business  
**CRUZ Mortgage, Inc.**

Suite, Apt. #, etc.  
**1-P**

City & State  
**Royal Palm Beach, FL**

Zip  
**33411**

Country  
**P. Rch**

3. Mailing Address  
**390 Business Parkway**

Suite, Apt. #, etc.  
**1-P**

City & State  
**Royal Palm Beach, FL**

Zip  
**33411**

Country  
**Palm Beach**

07202005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-1512361**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DE LA CRUZ, YAMILA**  
**11853 57TH ROAD NORTH**  
**ROYAL PALM BEACH, FL 33411**

7. Name and Address of New Registered Agent

Name  
**YAMILA DE LA CRUZ**

Street Address (P.O. Box Number is Not Acceptable)  
**390 Business Parkway, Ste 1P**

City  
**Royal Palm Beach**

FL

Zip Code  
**33411**

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 *Yamil De la Cruz* Pres. 7/20/05

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**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DE LA CRUZ, YAMILA 11853 57TH ROAD NORTH ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>390 Business Parkway, Ste 1-P</b> <b>Royal Palm Beach, FL 33411</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DE LA CRUZ, HUMBERTO 11853 57TH ROAD NORTH ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>390 Business Parkway, Ste 1-P</b> <b>Royal Palm Beach, FL 33411</b>
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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
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
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 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: *Yamil De la Cruz* **YAMILA DE LA CRUZ** 7/20/05 **21-804-1045**

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