


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90566 018 ***150.00

DOCUMENT # P04000125682	
1. Entity Name CRUZ STONE WORK, INC.	

Principal Place of Business 1626 60TH TERRACE SOUTH LOT 1124 WEST PALM BEACH, FL 33415 US	Mailing Address 1626 60TH TERRACE SOUTH LOT 1124 WEST PALM BEACH, FL 33415 US
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2. Principal Place of Business 248 Poe Drive Suite, Apt. #, etc.	3. Mailing Address 248 Poe Drive Suite, Apt. #, etc.
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City & State Palm Springs, Florida	City & State Palm Springs, Florida
Zip 33461	Country Palm Beach


20036383



04152005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1610601		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CRUZ, JOSE A 1626 60TH TERRACE SOUTH LOT 1124 WEST PALM BEACH, FL 33415		7. Name and Address of New Registered Agent Name Jose A. Cruz Street Address (P.O. Box Number is Not Acceptable) 248 Poe Drive City Palm Springs FL Zip Code 33461

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  **Jose A. Cruz, President** **04/15/2005**
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 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	<input type="checkbox"/> Delete	TITLE CRUZ, JOSE A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRUZ, JOSE A		NAME CRUZ, JOSE A	
STREET ADDRESS 1126 60TH TERRACE SOUTH LOT 1124		STREET ADDRESS 1126 60TH TERRACE SOUTH LOT 1124	
CITY-ST-ZIP WEST PALM BEACH, FL 33415		CITY-ST-ZIP WEST PALM BEACH, FL 33415	
TITLE VPS	<input type="checkbox"/> Delete	TITLE CRUZ, NORA R	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRUZ, NORA R		NAME CRUZ, NORA R	
STREET ADDRESS 1626 60TH TERRACE SOUTH LOT 1124		STREET ADDRESS 1626 60TH TERRACE SOUTH LOT 1124	
CITY-ST-ZIP WEST PALM BEACH, FL 33415		CITY-ST-ZIP WEST PALM BEACH, FL 33415	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **Jose A. Cruz, President** **04/15/2005** **(561) 723-1030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #