

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

2. Principal Place of Business
248 Poe Drive
Suite, Apt. #, etc.

3. Mailing Address
248 Poe Drive
Suite, Apt. #, etc.

City & State
Palm Springs, Florida

Zip
33461

Country
Palm Beach

Zip
33461

Country
Palm Beach

04152005 Chg-P CR2E034 (10/03)

4. FEI Number
20-1610601

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

6. Name and Address of Current Registered Agent

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

Zip Code
FL 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		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CRUZ, JOSE A 1126 60TH TERRACE SOUTH LOT 1124 WEST PALM BEACH, FL 33415	<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	VPS CRUZ, NORA R 1126 60TH TERRACE SOUTH LOT 1124 WEST PALM BEACH, FL 33415	<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 exemption stated in Section 119.07(3)(l), 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 #

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

04-18-2005 90566 018 ***150.00

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