

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000061452

FILED
May 01, 2006
Secretary of State

Entity Name: CRUZ HOME IMPROVEMENTS SERVICES INC.

Current Principal Place of Business:

2910 N. GIDDENS AVE
APT. 1
TAMPA, FL 33614

New Principal Place of Business:

2910 W. GIDDENS AVE
APT. 1
TAMPA, FL 33614

Current Mailing Address:

2910 N. GIDDENS AVE
APT. 1
TAMPA, FL 33614

New Mailing Address:

2910 W. GIDDENS AVE
APT. 1
TAMPA, FL 33614

FEI Number: 20-2727739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, MILVIO
2910 N. GIDDENS AVE
APT. 1
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

CRUZ, MILVIO
2910 W. GIDDENS AVE
APT. 1
TAMPA, FL 33614 US

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.

SIGNATURE:

05/01/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRUZ, MILVIO
Address: 2910 N. GIDDENS AVE
City-St-Zip: TAMPA, FL 33614

Title: V () Delete
Name: FRUCTUOSO, ROCA
Address: 2910 N. GIDDENS AVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CRUZ, MILVIO
Address: 2910 W. GIDDENS AVE APT 1
City-St-Zip: TAMPA, FL 33614

Title: V (X) Change () Addition
Name: FRUCTUOSO, ROCA
Address: 2910 N. GIDDENS AVE APT 1
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILVIO CRUZ

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date