2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000064768

1. Entity Name
CLARA ROSA CRUZ, P.A.

Principal Place of Business	Mailing Address
12010 NW 30 PLACE SUNRISE, FL 33323-1524	12010 NW 30 PLACE SUNRISE, FL 33323-1524

DO NOT WRITE IN THIS SPACE

04152008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-3137969		Not Applicable

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

6. Name and Address of Current Registered Agent

CRUZ, CLARA R
12010 NW 30 PLACE
SUNRISE, FL 33323-1524

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_____

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, 2008 Fee will be $550.00

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

U00000945526
05/30/08-80011-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CRUZ, CLARA R
STREET ADDRESS	12010 NW 30 PLACE
CITY-ST-ZIP	SUNRISE, FL 333231524

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Clara L. Cruz PA. CLARA R CRUZ PA._ 4/15/08

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