

FILED  
Feb 20, 2006 8:00 am  
Secretary of State

02-20-2006 90025 025 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P05000100208</b>			
1. Entity Name <b>CRUZ-ZIN MOTORS INC</b>			
Principal Place of Business <b>18688 SW 105 AVE BAY 12 MIAMI, FL 33157</b>		Mailing Address <b>18688 SW 105 AVE BAY 12 MIAMI, FL 33157</b>	
2. Principal Place of Business <b>458 NW 79 ST</b>		3. Mailing Address <b>8251 SW 30 ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33150</b>	Country <b>USA</b>	Zip <b>33155</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>CRUZ, RAPHAEL 18688 SW 105 AVE BAY 12 MIAMI, FL 33157</b>		4. FEI Number <b>68-0610987</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name <b>Cruz, Raphael</b> Street Address (P.O. Box Number is Not Acceptable) <b>8251 SW 30 ST</b> City <b>Miami</b> FL Zip Code <b>33155</b>			
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 <u><b>Raphael Cruz</b></u> DATE <b>02/15/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		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	<b>P CRUZ, RAPHAEL 8251 SW 30 ST MIAMI, FL 33155</b> <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	<b>VP MORALES, ELSA M 8251 SW 30 ST MIAMI, FL 33155</b> <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
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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 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: <u><b>Elsa M Morales</b></u>		Date <b>02/15/06</b> Daytime Phone # <b>786 262 1685</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	