

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P05000117776

1. Entity Name

DE LA CRUZ FRANK INC.



**FILED  
Feb 10, 2006 8:00 am  
Secretary of State**

02-10-2006 90025 038 \*\*\*150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business		Mailing Address	
2020 WELLINGTON AVE. ALVA FL 33920 US		2020 WELLINGTON AVE. ALVA FL 33920 US	
2. Principal Place of Business		3. Mailing Address	
Suite. Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
<p>LEGAL ZOOM NEVADA, INC. 44 W. FLAGLER STREET SUITE 675 MIAMI FL 33130</p>			
<p>Name <b>FRANK + SHERI DELACRUZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>2020 WELLINGTON AVE</b></p>			
<p>City <b>ALVA</b>      State <b>FL</b>      Zip Code <b>33920</b></p>			

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 *Frank De La Cruz President*

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE *1/30/06*

FILE NOW!!! FEE IS \$150.00.  
After May 1, 2006 Fee Will Be \$550.00.  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA CRUZ, FRANK	NAME	
STREET ADDRESS	2020 WELLINGTON AVE.	STREET ADDRESS	
CITY-ST-ZIP	ALVA FL 33920	CITY-ST-ZIP	
TITLE	SECT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA CRUZ, SHERI	NAME	
STREET ADDRESS	2020 WELLINGTON AVE.	STREET ADDRESS	
CITY-ST-ZIP	ALVA FL 33920	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 exemptions contained in Section 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:

*Frank De La Cruz* **FRANK DELACRUZ 1/30/06**

**(339)340-3053**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #