2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 07, 2006 8:00 am Secretary of State

1. Entity Nam		#P05000119	9490					08-07-2006	90041 02	0 ***15	0.00	
Principal Place of Business			Mailing Address	Mailing Address							•	
27103 MATHESON AVE, 3104 BONITA SPRINGS, FL 34135			27103 MATHESON AVE, 3104 Bonita Springs, FL 34135						5(1024	131	
2 Principal C	Place of Busines		3 Mailing Address									
SAMI	E AS	MOVE	3. Mailing Address JAME AR ABOVE				44 51					
Suite, Apt.			Suite, Apt. #, etc. 3104				07262006	Chg-P	CR2E034	(11/05)		
City & State			City & State				4. FEI Numbe	1440382	············	<u> </u>	plied For	
Zip Country		Zip	Zip Countr							Not Applicable .75 Additional		
	6. Name a	nd Address of Current	Registered Agent	<u> </u>				Address of New Ro	□ Fe	e Require		
·					Name		7. (121110 2112	Address of New A	eAratelen VA	ent	*****	
SANTA CRUZ, GALYA 27103 MATHESON AVE 3104					Street Address (P.O. Box Number is Not Acceptable)							
	PRINGS, FI	_ 34135										
					City				FL	Zip Code		
8. The above the obligat SIGNATURE	tions of register	submits this statement for a graph of the statement of th	r the purpose of changing it Cut and title if applicable. (NO				ed agent, or bot when reinstating?	th, in the State of Flo	rida. I am far	niliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Final Trust Fund Contribution.					ncing		00 May Be ed to Fees	In accordance w corporation did r				
10.	Р	OFFICERS AND		11.				CHANGES TO OFFI				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZAHARENO 27103 MAT	CU, MIHAI HESON AVE, 3104 RINGS, FL 34135	□ Celete			Nov	re		[Change	☐ Addition	
TITLE	T	17. 041.74	☐ Delete	TITLE		We	ne		[Change	☐ Addition	
NAME STREET ADORESS CITY-ST-ZIP	Į.	HESON AVE, 3104 RINGS, FL 34135		1	et address -st-zip							
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAM STRE					[Change	Addition	
CITY-ST-ZIP					-ST-ZIP							
NAME STREET ADDRESS			☐ D elete		E et adoress				[Change	☐ Addition	
CITY-ST-ZIP TITLE			☐ Defete	TITLE	-ST-ZIP					Change	- America -	
NAME STREET ADDRESS CITY-ST-ZIP			LI Versie	NAMI STRE					L	_1 Grange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	E Et address -st-zip] Change	Addition	
indicated	cerniy irlat the li	monnation supplied With	this fiting does not qualify fittue and accurate and that	or me exe	anpuons Co	Delleino Delleino	iii Chapter 119	, riorida Statutes, I i	urtner certify	inat the in	itormation	

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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date Daysine Phone #

ATTACHMENT 50024431

Mihai Zaharencu Galya Santa Cruz 27103 Matheson Ave. 3104 Bonita Springs, FL 34135-3903

July 24, 2006

Divisions of Corporations P.O.Box 1500 Tallahassee, FL 32302-1500

RE: SANTA CRUZ, INC.\ P 05000119490, FÉI 83-0440382 REINSTATEMENT OF ENTITY REQUEST

Dear Sir/Madam:

We recently received in the mail a Notice of Intent to Dissolve, in reference to the above-named entity/corporation.

It is our intend and request to consider the REINSTATEMENT of SANTA CRUZ, INC. as we attach the Reinstatement Annual Report Form and the required \$ 150.00 fee.

Please consider our election of NOT RECEIVING PRIOR NOTICE of due payment for this entity.

We respectfully request to reinstate Santa Cruz, Inc. in its fully rights.

For your consideration, we also enclosed copies of initial Corporation registration documents. If you require any other additional information, please call at 239.465.2203.

Yours truly.

Mihai Zaharencu. President

Galya santa Cruz, Treasurer

ATTACHNENT 50024431 Division of Corporations



2006 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.

Document Number

P05000119490

Business Entity Name

SANTA-GRUZ-INC.

Original File Date

08/29/2005

FEI Number

Principal Address 27103 MATHESON AVE, 3104

BONITA SPRINGS, FL 34135

Mailing Address

27103 MATHESON AVE, 3104

BONITA SPRINGS, FL 34135

Registered Agent GALYA SANTA CRUZ

27103 MATHESON AVE

3104

BONITA SPRINGS, FL 34135 US

Officer/Director Name And Address

MIHAI ZAHARENCU 27103 MATHESON AVE, 3104 **BONITA SPRINGS, FL 34135**

T

GALYA SANTA CRUZ

27103 MATHESON AVE, 3104 BONITA SPRINGS, FL 34135

☑ After May 1 of each year, a late charge of \$400.00 is imposed. except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

Page 1 of 1

ATTACHMENT 50034431 Reinstatement Form Creation

Enter the entity document number below to create your pre-printed Reinstatement form.

Document Number P05000119490

Note: On 12 digit document numbers, only the first character is alphabetic.

Submit Reset

Can't find your document number? Search the Division's records on-line by name.

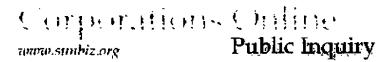
Sunbiz Home Page

Help

ATTACHMENT

50024431

Florida Department of State, Division of Corporations



Florida Profit

SANTA CRUZ INC.

PRINCIPAL ADDRESS 27103 MATHESON AVE, 3104 **BONITA SPRINGS FL 34135**

MAILING ADDRESS 27103 MATHESON AVE, 3104 **BONITA SPRINGS FL 34135**

Document Number P05000119490

FL

FEI Number NONE

> Status **ACTIVE**

Date Filed 08/29/2005

Effective Date NONE

Registered Agent

Name & Address

SANTA CRUZ, GALYA 27103 MATHESON AVE 3104 **BONITA SPRINGS FL 34135**

Officer/Director Detail

Name & Address	Title
ZAHARENCU, MIHAI 27103 MATHESON AVE. 3104	P
BONITA SPRINGS FL 34135	
SANTA CRUZ, GALYA 27103 MATHESON AVE, 3104	Т
BONITA SPRINGS FL 34135	

Annual Reports

Page 2 of 2

Report Year

Return to List
No Events
No Name History Information

Document Images
Listed below are the images available for this filing.

[08/29/2005 -- Domestic Profit]

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry | Corporations Help]

ATTACHMENT TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 FP05000 119490

SUBJECT:	Filing Fee & Certificate of Status Filing Fee & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Filing Fee Filing Fee, & Certified Copy & Certified Cop		
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
☐ \$70.00 Filing Fee	Filing Fee	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
FROM:	MİHAI ZA	HARENCY (Printed or typed)	
	27-103 MATHE	SOM AUE	# 3104
	BONITA SPRIM	VGS FL	34135
	(239) 465 Davime 1	- 2203	

NOTE: Please provide the original and one copy of the articles.

ALLACHMENT 50024431

P05000/19490

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certifled Copies Certificates of Status								
Special Instructions to Filing Officer.								
Mihai Zahareneugave AUTHORIZATION BY PHONE TO CORRECT LETTICLE TIL DATE \$ 129/05 DOC. EXAM 17165								

Office Use Only



200058519832

08/29/05--01005--093 **78.75

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

MED 8/29

			ř	ALIF	CHME	NT			
				ς.	110	24	431	<u></u>	
		INCORPO		# 621. F	POS (Profit	00/	1949	O FILE SECRETARY I ALLAHASSEE	D DF_STATE
ARTIC The nar	CLE I me of the cor	NAME poration shall b	e: 54M	TA	CRU		MC.	05 AUG 29 P	. FLORIDA M 12: 40
The pri	ncipal place	PRINCIPAL of business/mai THESON UITA SPRIM	ling address		14135	-			
ARTIC	CLE III	PURPOSE							
The pu	rpose for wh	ich the corpora	ition is organ	nized is:					
CO	MSTRU	CTION	CLEA	NING	9				
The nu	CLE IV mber of share	SHARES as of stock is:						·	N.
	•	INITIAL OFF	ICERS AN	D/OR	DIRECT	ors			
M14 27 310	141 21 103 MATE 4 BONI	ss(es) and spec HHARENCO IESON AU TH SPRIN	U - PK E GS FL	. 3	4135				
2/10	YA SA 03 MATE CLE VI	NTA CRU IESON AU REGISTE	E 3104	BONT	IRETE	ENBS	FL 3	34135	
The <u>na</u>	me and Flor	ida street addr	ess (P.O. Bo				_		
		4. ~	*	GAL	7 1	SANTA	ceuz		
			AVE RINGS	7					
	CLE VII	INCORPOR		FL	341	35			
		ess of the Incom		prosession					
MIH	41 24	HARENCI							
27	103	ONITA	ALE	_ ~	•	سوور . <i>ا</i> و			
3/0	14 6	ONITA	SPEING	5 6	C .	24/33			
Having !	been named as	registered agent t	o accept servic	e of proce	ss for the a	bove stated	corporation a	t the place design	ated in this
eertificat	le, i him familla	with and accept t	he appointmen	t as regist	ered agent a	nd agree to	act in this ca	vacity	
LAU	W/M Signature	/Registered Age	em	er total		<i>)</i>	08-	01 - 05 Date	
\\d	wire	MCL_	1	file	16	→	08-	01 - 05	
	Signature	/Incorporator			\mathcal{F}			Date	<u> </u>