2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED
2/28/2006-90016-024-$150.00-$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000162215

1. Entity Name
CRUZCO GOVERNMENT RELATIONS, INC.

Principal Place of Business
300 WEST PENSACOLA STREET
TALLAHASSEE, FL 32301

Mailing Address
300 WEST PENSACOLA STREET
TALLAHASSEE, FL 32301

02232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 1650 Calming Water Dr
Suite, Apt. #, etc.
City & State: Orange Park
Zip: 32003 Country: USA

3. Mailing Address: 1650 Calming Water Dr.
Suite, Apt. #, etc.
City & State: Orange Park
Zip: 32003 Country: USA

4. FEI Number: 20-3936567 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRUZ, CARLOS M
300 WEST PENSACOLA STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name: Carlos Cruz
Street Address (P.O. Box Number is Not Acceptable): 1650 Calming Water Dr
City: Orange Park FL Zip Code: 32003

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] DATE: 3/30/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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: [signature] Carlos M. Cruz Jr 2/23/06 305-761-5361

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