

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90061 031 ***158.75

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01082007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000132410			
1. Entity Name SALVADOR A. CRUZ, INC.			
Principal Place of Business 4740 ELWOOD ROAD SPRINGHILL, FL 34608		Mailing Address 4740 ELWOOD ROAD SPRINGHILL, FL 34608	
2. Principal Place of Business - No P.O. Box # 4193 MARINE BLVD		3. Mailing Address 4740 ELWOOD RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Spring Hill FL		City & State Spring Hill FL	
Zip 34608	Country USA	Zip 34608	Country USA
4. FEI Number 20-5793090		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRUZ, MAGDA 4740 ELWOOD ROAD SPRINGHILL, FL 34608		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>MAGDA CRUZ (vice president) Magda Cruz</u> 1/8/07 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, 2007 Fee will be \$550.00		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	D CRUZ, SALVADOR A 4740 ELWOOD ROAD SPRINGHILL, FL 34608 <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	D CRUZ, MAGDA 4740 ELWOOD ROAD SPRINGHILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Salvador A Cruz</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/8/07 (352) 683-0935 Date Daytime Phone #	