2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2008
Secretary of State

DOCUMENT# P07000116357

Entity Name: CRUZ BUSINESS SERVICES GROUP, INC.

Current Principal Place of Business:

5423 NW 197 LANE
OPA LOCKA, FL 33055

New Principal Place of Business:

19623 NW 83 CT.
HIALEAH, FL 33015

Current Mailing Address:

5423 NW 197 LANE
OPA LOCKA, FL 33055

New Mailing Address:

19623 NW 83 CT.
HIALEAH, FL 33015

FEI Number: 51-0654132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRUZ, WILLIAM
5423 NW 197 LANE
OPA LOCKA, FL 33055 US

Name and Address of New Registered Agent:

CRUZ, WILLIAM
19623 NW 83 CT.
HIALEAH, FL 33015 US

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.

SIGNATURE: 09/11/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CRUZ, WILLIAM
Address: 5423 NW 197 LANE
City-St-Zip: OPA LOCKA, FL 33055

Title: VP ( ) Delete
Name: CRUZ, ALEJANDRINA
Address: 5423 NW 197 LANE
City-St-Zip: OPA LOCKA, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CRUZ, WILLIAM
Address: 19623 NW 83 CT.
City-St-Zip: HIALEAH, FL 33015 US

Title: VP (X) Change ( ) Addition
Name: CRUZ, ALEJANDRINA
Address: 19623 NW 83 CT.
City-St-Zip: HIALEAH, FL 33015 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM CRUZ P 09/11/2008
Electronic Signature of Signing Officer or Director Date