2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# P07000125930

Entity Name: CRUZ INSURANCE AGENCY, INC.

Current Principal Place of Business:

4670 LIPSCOMB ST NE
SUITE #4
PALM BAY, FL 32905

New Principal Place of Business:

4670 LIPSCOMB ST NE
SUITE #7
PALM BAY, FL 32905

Current Mailing Address:

1112 WYOMING DRIVE SE
PALM BAY, FL 32909

New Mailing Address:

FEI Number: 26-1450431 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRUZ, IVETTE
1112 WYOMING DRIVE SE
PALM BAY, FL 32909 US

Name and Address of New Registered Agent:

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: _____

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, IVETTE
Address: 1112 WYOMING DRIVE SE
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: IVETTE CRUZ P 06/16/2009

Electronic Signature of Signing Officer or Director Date