

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000006656

Entity Name: CRUZLAW, P.A.

FILED  
Jun 25, 2009  
Secretary of State

## Current Principal Place of Business:

782 NW LEJEUNE ROAD SUITE 439  
CORAL GABLES, FL 33126

## New Principal Place of Business:

782 NW LEJEUNE ROAD SUITE 439  
MIAMI, FL 33126

## Current Mailing Address:

782 NW LEJEUNE ROAD SUITE 439  
CORAL GABLES, FL 33126

## New Mailing Address:

782 NW LEJEUNE ROAD SUITE 439  
MIAMI, FL 33126

FEI Number: 26-1797445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRUZ, ALEJANDRINA  
782 NW LEJEUNE ROAD SUITE 439  
CORAL GABLES, FL 33126 US

## Name and Address of New Registered Agent:

CRUZ, ALEJANDRINA  
782 NW LEJEUNE ROAD SUITE 439  
MIAMI, FL 33126 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: S/ALEJANDRINA CRUZ

06/25/2009

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: D ( ) Delete  
Name: CRUZ, ALINA  
Address: 782 NW LEJEUNE ROAD SUITE 439  
City-St-Zip: CORAL GABLES, FL 33126

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CRUZ, ALINA  
Address: 782 NW LEJEUNE ROAD SUITE 439  
City-St-Zip: MIAMI, FL 33126

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: S/ALINA CRUZ

DIRE

06/25/2009

Electronic Signature of Signing Officer or Director

Date