

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P11000106150

1. Entity Name
CRUZ FLOOR SERVICES INC



Principal Place of Business
523 VAN BUREN ST
B
FORT MYERS, FL 33916

Mailing Address
523 VAN BUREN ST
B
FORT MYERS, FL 33916

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05092012

Chg-P

CR2E034 (12/11)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRUZ LOPEZ, PANCHITO
523 VAN BUREN ST
B
FORT MYERS, FL 33916

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

05-18-12

**FILE NOW!!! FEE IS \$550.00
Due by September 28, 2012**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CRUZ LOPEZ, PANCHITO
STREET ADDRESS 523 VAN BUREN ST# B
CITY- ST- ZIP FORT MYERS, FL 33916

TITLE D ☐ Delete
NAME LOPEZ-CALIXTO, ABRAHAM
STREET ADDRESS 523 VAN BUREN ST# B
CITY- ST- ZIP FORT MYERS, FL 33916

TITLE D ☐ Delete
NAME PU SANIC, MECHOR...
STREET ADDRESS 523 VAN BUREN ST# B
CITY- ST- ZIP FORT MYERS, FL 33916

TITLE ☐ Delete
NAME S. TONER
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME MAY 24 2012
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME 700235521057
STREET ADDRESS 05/24/12--01003--004 ***150.00
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME MAY 24 2012
STREET ADDRESS S. TONER
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

05-18-12 Fhcs20@yahoo.com.br