## \*\*2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

ANNUAL REPORT (AR)									FILED					
DOCUMENT # P94000029461  1. Entity Name								Jan 27, 2004 08:00 AM Secretary of State						
CRUZ IN	TERNATIO			_				Secr	cui j	01 .	Juice			
Principal Plac	ce of Busines	s	Mailing	Mailing Address			2621					-		
2206 SAXON STREET TAMPA FL 33605 US				11204 SCOTCHWOOD DR RIVERVIEW FL 33569 US						L <b>55</b> ))) <b>11</b> )) <b>11</b>				
2. Principal F	Place of Busin	ness	3. Mailin	3. Mailing Address										
Suite, Apt.	.#, etc		Suite,	Suite, Apt #, etc.					MOORE	С	R2E034	4 (11/03)		
City & State				City & State				4. FEI Nur	<sup>nber</sup> 59-32	38896			pplied Foi lot Applica	
Zip	Country		Zip .	Zip Co		intry		5. Certific	ate of Status D	esired		\$8.75 Ac Fee Requir		
	6. Name	and Address of Cur	rent Registered	Agent		Name		7. Name a	ind Address o	f New Re	jistered	Agent		
CRUZ, VICTOR J 11204 SCOTCHWOOD DR RIVERVIEW FL 33569							Street Address (P.O. Box Nun			ceptable)			<del></del>	
		L 00000				City			·		FL	Zip Co	de	
	e named entit tions of regis	y submits this statemi tered agent.	ent for the purpos	se of changing its	s register	ed office or re	egistere	d agent, or	both, in the St	ate of Flori	da. I am	familiar with	, and acc	
SIGNATURE	Signature typed	or printed name of registered	agent and title if applic	able (NOT	E. Registere	ed Agent signature	required w	vinen reinstalling)	<u> </u>		DATE	<del></del>	<del></del> -	
Afte	r May 1, 20	!! FEE IS \$150.00 04 Fee will be \$550	.00		·		<u>,,, , , , , , , , , , , , , , , , , , </u>	9.	Election Camp	~	٠.		00 May 8	
	k Payable to	o Florida Departme	nt of State  AND DIRECTORS					ADDITION						
TILE	D	OFFICERS	AND DIRECTOR:	□ Delete	11.			AUDITIO	NS/CHANGES	10 OFFIC	EHS AIN	Change		
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12. I hereby indicated of the co- changed	certify that the control of this reportion or the control of the c	e information supplied it or supplemental rep the receiver or trustee achment with a fide	d with this filling door is true and ac empowered to expowered to expowered to the	oes not qualify for courate and that the kepate this report white empowered	or the exe my signa t as requi	emption stated ature shall hav ired by Chapt	d in Sec ve the sa ter 607,	tion 119.07 ame legal e Florida Stal	(3)(i), Florida S fect as if made tutes, and that	statutes. I fi e under oa my name :	urther ce th; that I appears	rtify that the am an office in Block 10 (	Information or director Block	
SIGNAT	rure: _	SIGNATURE AND TYPE	D OR PRINTED NAME	OF SIGNING OF EICEF		ICTOR	J.	CRUZ	1/23/0	04		13) 247 Daylime Phone #		