

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000029461

1. Entity Name  
CRUZ INTERNATIONAL, INC.



Principal Place of Business  
2206 SAXON STREET  
TAMPA, FL 33605 US

Mailing Address  
11204 SCOTCHWOOD DR  
RIVERVIEW, FL 33569 US

**DO NOT WRITE IN THIS SPACE**



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3238896

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CRUZ, VICTOR J  
11204 SCOTCHWOOD DR  
RIVERVIEW, FL 33569

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

1100000284404  
04/02/05-80003-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, VICTOR J 11204 SCOTCHWOOD DR RIVERVIEW, FL 33569
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTOR J CRUZ

03/31/05

(813) 247-7554

Date

Daytime Phone #