

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000072414

1. Entity Name  
MR. CRUZ FLOORING CONTRACTOR, INC.



Principal Place of Business  
14531 S.W. 106 TERRACE  
MIAMI, FL 33186

Mailing Address  
14531 S.W. 106 TERRACE  
MIAMI, FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CRUZ, LAZARO  
14531 S.W. 106 TERRACE  
MIAMI, FL 33186

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PSTD  
CRUZ, LAZARO  
14531 S.W. 106 TERRACE  
MIAMI, FL 33186

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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: *Raymond S. Cruz*

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/06.

/Date

Daytime Phone #

**FILED  
Apr 24, 2006 8:00 am  
Secretary of State**

04-24-2006 90374 012 \*\*\*150.00

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03252006 Chg-P CR2E034 (11/05)