

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000096050

**FILED**  
**Mar 03, 2004**  
**Secretary of State**

**Entity Name:** CRUZ "N" TRAVEL FIESTA, INC.

**Current Principal Place of Business:**

2163 DIXIE GARDEN LOOP  
HOLIDAY, FL 34690

**New Principal Place of Business:**

8543 BASUTO DRIVE  
TRINITY, FL 34655

**Current Mailing Address:**

2163 DIXIE GARDEN LOOP  
HOLIDAY, FL 34690

**New Mailing Address:**

8543 BASUTO DRIVE  
TRINITY, FL 34655

**FEI Number:** 59-3469060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CRUZ, SHARON  
2163 DIXIE GARDEN LOOP  
HOLIDAY, FL 34690

**Name and Address of New Registered Agent:**

CRUZ, SHARON  
8543 BASUTO DRIVE  
TRINITY, FL 34655

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: \_\_\_\_\_

03/03/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CRUZ, SHARON  
Address: 2163 DIXIE GARDEN LOOP  
City-St-Zip: HOLIDAY, FL 34690

Title: D ( ) Delete  
Name: CRUZ, SIGFREDO  
Address: 2163 DIXIE GARDEN LOOP  
City-St-Zip: HOLIDAY, FL 34690

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CRUZ, SHARON  
Address: 8543 BASUTO DRIVE  
City-St-Zip: TRINITY, FL 34655

Title: D (X) Change ( ) Addition  
Name: CRUZ, SIGFREDO  
Address: 8543 BASUTO DRIVE  
City-St-Zip: TRINITY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARON CRUZ

D

03/03/2004

Electronic Signature of Signing Officer or Director

Date