

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90038 050 ***150.00

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1. Entity Name
MASTER CRUZ, P.A.



Principal Place of Business

~~3520 SW 32ND CT.~~
~~HOLLYWOOD, FL 33023~~

311 SW Lake Forest Way
Pt. St. Lucie, FL 34986

Mailing Address

~~3520 SW 32ND CT.~~ **311 SW Lake**
~~HOLLYWOOD, FL 33023~~ **Forest Way**

Pt. St. Lucie, FL 34986



03032004 No Chg-P CR2E034 (10/03)

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4. FEI Number **65-0828184** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CRUZ, CARLOS
~~3520 SW 32ND CT.~~ **311 SW Lake Forest Way**
~~HOLLYWOOD, FL 33023~~ **Pt. St. Lucie, FL**
34986

**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 **3/4/04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CRUZ, CARLOS
STREET ADDRESS	3520 SW 32ND CT. 311 SW Lake Forest Way
CITY-ST-ZIP	HOLLYWOOD, FL 33023 Pt. St. Lucie, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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)(i), 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 **Carlos Cruz**

Date **3/4/04** Daytime Phone # **772 785-8870**