

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000008328

1. Entity Name
DE LA CRUZ COMPANIES, INC.



Principal Place of Business

3201 NW 72 AVE
MIAMI, FL 33122

Mailing Address

3201 NW 72 AVE
MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURAI WALD DIONDO & MORENO PA
25 SE 2 AVE STE 900
MIAMI, FL 33131

**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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000055353
02/17/04-80035-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE LA CRUZ, CARLOS M SR
STREET ADDRESS	25 SE 2 AVE STE 900
CITY - ST - ZIP	MIAMI, FL 33131
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS M. DE LA CRUZ 2/4/2004 599.2337

Date

Daytime Phone #