

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000098042

1. Entity Name
CRUZ N'CUB PUBLISHING, INC.



Principal Place of Business
**1640 FOREST LAKES CIR
B
WEST PALM BEACH, FL 33406**

Mailing Address
**PO BOX 4750
FT LAUDERDALE, FL 33338**



04192005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0960080	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**STEELE, W TRENT
3300 PGA BLVD, SUITE 300
PALM BEACH GARDENS, FL 33410**

**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 W Trent Steele

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CRUZ, MICHAEL R
STREET ADDRESS	240 CITY VIEW DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311

TITLE	VP
NAME	ELWOOD, BLAKE
STREET ADDRESS	1640 FOREST LAKES CIR #B
CITY-ST-ZIP	WEST PALM BEACH, FL 33406

TITLE	
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04/22/05-80104-009 150.00

**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: Michael Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-05

Date

954 557-6001

Daytime Phone #