


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F14786</b> 1. Entity Name IZA AND SONS, INC.	
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Principal Place of Business 36 N.E. 1ST STREET SUITE 401 MIAMI, FL 33132 US	Mailing Address 36 N.E. 1ST STREET SUITE 401 MIAMI, FL 33132 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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07082004 No Chg-P CR2E034 (10/03)

4. FEI Number 13-3122443	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

5. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IZA, JORGE 36 NE 1ST ST # 401 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IZA, LUIS JR 36 NE 1ST ST # 401 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT IZA, NURYS 36 NE 1ST ST # 401 MIAMI, FL 33132
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<p>U00000168546 07/27/04-80004-009 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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 a 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:** \_\_\_\_\_ **7-2104** **(305) 374-2561**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #