


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUL 10 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003365
1. Entity Name
TREZZA FOUNDATION FOR THE ARTS, INC.



Principal Place of Business 3389 SHERIDAN STREET, #201 HOLLYWOOD, FL 33021	Mailing Address 3389 SHERIDAN STREET, #201 HOLLYWOOD, FL 33021
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DO NOT WRITE IN THIS SPACE



07062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0458962	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB, BRUCE M
125 N. 46TH AVE
HOLLYWOOD, FL 33021

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by September 14, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D TREZZA, JAMES F SUITE 201, 3389 SHERIDAN ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D YOLDAS, DANIELLE 3041 N. 35TH ST. HOLLYWOOD, FL 33021
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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: *Bruce Gottlieb* Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 9549667900
Daytime Phone #