

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1 of 2

DOCUMENT # P01000086065



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**LIZ MANAGEMENT, INC.**

Principal Place of Business: **16180 SADDLE LN WESTON, FL 33326**  
Mailing Address: **7809 W COMMERCIAL BLVD TAMARAC FL 33351**



MOORE CR2E034 (11/03)

2. Principal Place of Business: **16180 SADDLE LN**  
Suite, Apt. #, etc.

3. Mailing Address: **7809 W. COMMERCIAL BLVD**  
Suite, Apt. #, etc.

City & State: **WESTON, FLORIDA** | **TAMARAC, FLORIDA**

4. FEL Number: **65-1134799**  
Applied For:  Not Applicable

Zip: **33326** Country: **USA** | Zip: **33351** Country: **USA**

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

5. Name and Address of Current Registered Agent  
**7809 W COMMERCIAL BLVD TAMARAC FL 33351**

7. Name and Address of New Registered Agent  
Name: **GEORGE L. COBER**  
Street Address (P.O. Box Number is Not Acceptable):  
City: **FL** Zip Code:

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]* DATE: **9/4/04**  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: <b>PRESIDENT, DIRECTOR</b> <input type="checkbox"/> Delete	NAME: <b>ELIZABETH ZULETA</b>
STREET ADDRESS: <b>16180 SADDLE LN</b>	CITY-ST-ZIP: <b>WESTON, FL 33326</b>
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete
STREET ADDRESS: <input type="checkbox"/> Delete	CITY-ST-ZIP: <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <b>300041296873</b>
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <b>09/23/04--01057--013 **150.00</b>
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: **9/30/04** Daytime Phone #: **954-724-9366**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**GEORGE L. GOBER COMPANY**  
**7809 W. COMMERCIAL BLVD.**  
**TAMARAC, FL 33351**  
**(954) 726-8866**  
**FAX (954) 726-0787**

**August 18, 2004**

**Florida Department of State**  
**Secretary of State**  
**Division of Corporations**  
**P.O. Box 6327**  
**Tallahassee, Florida 32314**

**Re: Liz Management, Inc.**  
**FEI#: 65-1134799**  
**Form: UBR 2004**  
**Period: 2004**

**Dear Sir/Madam:**

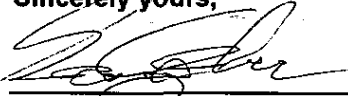
Please find enclosed a copy of your NOTICE OF INTENT TO DISSOLVE. Please also find a copy of the UBR 2004 for filing in 2004. Please do not dissolve this corporation due to the fact that we never received the postcard or UBR 2004 form for renewal of the above corporation.

The UBR 2004 mentioned above is being filed in order to restore and maintain this company as a corporation under the laws of the State of Florida.

Please accept the original filing fee of \$150.00 to maintain this company as a corporation due to the above circumstances.

Should you have any questions regarding the above information please feel free to contact me at your earliest possible convenience.

**Sincerely yours,**



**George L. Gober**