


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-13-2005 90093 015 \*\*\*150.00

FILED  
P04000139425  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL -5 AM 8:24

<b>DOCUMENT # P04000139425</b> 1. Entity Name <b>SAIZ &amp; SONS CORPORATION</b>			
Principal Place of Business 18971 NW 63 COURT CIRCLE HIALEAH, FL 33015		Mailing Address <del>16300 NE 19 AVE                  STE C                  NORTH MIAMI BEACH, FL 33162</del>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>18971 NW 63 COURT CIRCLE</b> Suite, Apt. #, etc.	
City & State HIALEAH, FL		4. FEI Number <b>20-1716147</b>	
Zip <b>33015</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SAIZ, DAMILET                  18971 NW 63 COURT CIR                  HIALEAH, FL 33015</b>		7. Name and Address of New Registered Agent Name 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
<b>FILE NOW!!! FEE IS \$150.00                  Due by September 7, 2005</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.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAIZ, DAMILET <input type="checkbox"/> Delete 18971 NW 63 COURT CIRC HIALEAH, FL 33015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u>Damilet Saiz</u>		DAMILET SAIZ 06/13/05 (305) 788 1539	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

