

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90226 001 \*\*\*158.75

**DOCUMENT # P95000067529**

1. Entity Name  
**NAZRUK OF FLORIDA, INC.**



Principal Place of Business  
**201 CRANDON BOULEVARD, UNIT 924  
KEY BISCAYNE, FL 33149 US**

Mailing Address  
**9350 SOUTH DIXIE HIGHWAY  
SUITE 1550  
MIAMI, FL 33156 US**

2. Principal Place of Business  
**201 Crandon Blvd.**

3. Mailing Address  
**201 Crandon Blvd.**

Suite, Apt. #, etc.  
**Unit 838**

Suite, Apt. #, etc.  
**Unit 838**

03252004 Chg-P CR2E034 (10/03)

City & State  
**Key Biscayne, FL**

City & State  
**Key Biscayne, FL**

4. FEI Number  
**65-0705009**

Applied For  
☐ Not Applicable

Zip  
**33149**

Country  
**USA**

Zip  
**33149**

Country  
**USA**

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

## 6. Name and Address of Current Registered Agent

**LEWIS, WILLIAM C JR.  
9350 SOUTH DIXIE HIGHWAY  
SUITE 1550  
MIAMI, FL 33156**

## 7. Name and Address of New Registered Agent

Name  
**Kurzan, Enrique**

Street Address (P.O. Box Number is Not Acceptable)  
**201 Crandon Blvd.**

**Unit 838**

City  
**Key Biscayne**

**FL**

Zip Code  
**33149**

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]*

**ENRIQUE KURZAN**

**3/29/04**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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	DPT KURZAN, ENRIQUE J E. 9350 SOUTH DIXIE HIGHWAY, STE 1550 MIAMI, FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY ST ZIP	DPT Kurzan, Enrique 201 Crandon Blvd., Unit 838 Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ENRIQUE KURZAN**

**3/29/04**

DATE

**(305) 3655214**

DAYTIME PHONE #