

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90008 025 \*\*\*150.00

**DOCUMENT # P97000106012**



1. Entity Name  
**IZZ AND SONS INC.**

Principal Place of Business Mailing Address  
**590 W. FLAGLER STREET 590 W. FLAGLER STREET**  
**MIAMI, FL 33130 MIAMI, FL 33130**

34062720



2. Principal Place of Business Suite, Apt. #, etc.  
 Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07082004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For  
**65-0805851** Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ARYAN, AIMAN I**  
**590 W. FLAGLER STREET**  
**MIAMI, FL 33130**

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

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

**10. OFFICERS AND DIRECTORS:**

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

TITLE	DVT <input type="checkbox"/> Delete
NAME	ARYAN, AIMAN I
STREET ADDRESS	590 W. FLAGLER STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	DP <input type="checkbox"/> Delete
NAME	ARYAN, IZZEDIN
STREET ADDRESS	590 W. FLAGLER STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	DS <input type="checkbox"/> Delete
NAME	ARYAN, INAM
STREET ADDRESS	590 W. FLAGLER STREET
CITY-ST-ZIP	MIAMI, FL 33130
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Asali, Ahmed
STREET ADDRESS	2505 NW 54th Street
CITY-ST-ZIP	Miami FL 33142
TITLE	DR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Asali, Basel
STREET ADDRESS	2505 NW 54th Street
CITY-ST-ZIP	Miami FL 33142
TITLE	DR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Aryan, Amjad
STREET ADDRESS	590 W. Flagler Street
CITY-ST-ZIP	Miami FL 33130
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** IZZEDIN ARYAN **7/7/04** **305 545-0533**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Attachment*

**Division of Corporations**

*574062726*

**2004 Annual Report**



**Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual report form.**

This information cannot be changed on the report.	
Document Number	P97000106012
Business Entity Name	IZZ AND SONS INC.
Original File Date	12/17/1997

FEI Number 65-0805851

Principal Address 590 W. FLAGLER STREET  
MAIMI, FL 33130

Mailing Address 590 W. FLAGLER STREET  
MAIMI, FL 33130

Registered Agent AIMAN I ARYAN  
590 W. FLAGLER STREET  
MIAMI, FL 33130 US

**Officer/Director Name And Address**

DVT  
AIMAN I ARYAN  
590 W. FLAGLER STREET  
MIAMI, FL 33130

DP  
IZZEDIN ARYAN  
590 W. FLAGLER STREET  
MAIMI, FL 33130

DS  
INAM ARYAN  
590 W. FLAGLER STREET  
MAIMI, FL 33130

**After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.**