

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000106012

FILED
Feb 08, 2005
Secretary of State

Entity Name: IZZ AND SONS INC.

Current Principal Place of Business:

590 W. FLAGLER STREET
MAIMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

590 W. FLAGLER STREET
MAIMI, FL 33130

New Mailing Address:

FEI Number: 65-0805851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVT () Delete
Name: ARYAN, AIMAN I
Address: 590 W. FLAGLER STREET
City-St-Zip: MIAMI, FL 33130

Title: DP () Delete
Name: ARYAN, IZZEDIN
Address: 590 W. FLAGLER STREET
City-St-Zip: MAIMI, FL 33130

Title: DS () Delete
Name: ARYAN, INAM
Address: 590 W. FLAGLER STREET
City-St-Zip: MAIMI, FL 33130

Title: DR (X) Delete
Name: ASALI, AHMED
Address: 2505 NW 54TH STREET
City-St-Zip: MIAMI, FL 33142

Title: DR (X) Delete
Name: ASALI, BASEL
Address: 2505 NW 54TH STREET
City-St-Zip: MIAMI, FL 33142

Title: DR (X) Delete
Name: ARYAN, AMJAD
Address: 590 W FLAGLER STREET
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AIMAN ARYAN

DVT

02/08/2005

Electronic Signature of Signing Officer or Director

_____ Date