

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000033804

**Entity Name:** PHYSICZ INC

**Current Principal Place of Business:**

2301 SW 27 AVE  
500  
CORAL GABLES, FL 33145

**Current Mailing Address:**

2301 SW 27 AVE  
500  
CORAL GABLES, FL 33145

**FEI Number:** 45-1534655

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEGENDSOFT CORP  
2301 SW 27 AVE  
500  
CORAL GABLES, FL 33145 US

*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

**Officer/Director Detail :**

Title D  
Name CARDONE, DANIEL A  
Address 2301 SW 27 AVE 500  
City-State-Zip: CORAL GABLES FL 33145

Title D  
Name HIGUERA, CESAR  
Address 2301 SW 27 AVE 500  
City-State-Zip: CORAL GABLES FL 33145

Title D  
Name GONZALEZ, LUIS  
Address 2301 SW 27 AVE 500  
City-State-Zip: CORAL GABLES FL 33145

Title D  
Name ARELLANO, RODRIGO  
Address 2301 SW 27 AVE 500  
City-State-Zip: CORAL GABLES FL 33145

Title D  
Name BRAVO, FRANCISCO  
Address 2301 SW 27 AVE 500  
City-State-Zip: CORAL GABLES FL 33145

*I hereby 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 all other like empowered.*

**SIGNATURE:** DANIEL CARDONE

**DIRECTOR**

**03/13/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date