

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000020460

**Entity Name:** HZPO INC

**Current Principal Place of Business:**

2602 CAMPUS HILL DR  
TAMPA, FL 33612

**Current Mailing Address:**

2602 CAMPUS HILL DR  
TAMPA, FL 33612 US

**FEI Number:** 46-5275686

**Certificate of Status Desired:** No

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

SOLIMAN, OLA K  
2602 CAMPUS HILLDR  
TAMPA, FL 33612 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 P  
Name GOMAA, AHMED A  
Address 2602 CAMPUS HILL DR  
City-State-Zip: TAMPA FL 33612

Title ATTORNEY / AGENT  
Name WALDMAN, DAMIAN ESQ.  
Address 2602 CAMPUS HILL DR  
City-State-Zip: TAMPA FL 33612

*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:** AHMED GOMAA

**PRESIDENT**

**04/27/2015**

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

\_\_\_\_\_  
Date