

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19000029405

**Entity Name:** A.D.Z. FINANCIALS, INC.

**Current Principal Place of Business:**

4577 NOB HILL ROAD  
204  
SUNRISE, FL 33351

**Current Mailing Address:**

4577 NOB HILL ROAD  
204  
SUNRISE, FL 33351

**FEI Number:** 84-1746336

**Certificate of Status Desired:** No

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

ALVARADO, JORGE  
4577 NOB HILL ROAD  
204  
SUNRISE, FL 33351 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 MEDINA, MAIRA E  
Address 740 FALLING WATER ROAD  
City-State-Zip: WESTON FL 33326

Title VP  
Name MANZUR MEDINA, CATALINA E  
Address 740 FALLING WATER ROAD  
City-State-Zip: WESTON FL 33326

Title D  
Name MANZUR MEDINA, RICARDO E  
Address 740 FALLING WATER ROAD  
City-State-Zip: WESTON FL 33326

Title D  
Name MANZUR MEDINA, RICARDO S  
Address 740 FALLING WATER ROAD  
City-State-Zip: WESTON FL 33326

*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:** MAIRA MEDINA

**PRESIDENT**

**03/20/2020**

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

\_\_\_\_\_  
Date