2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 27, 2005 08:00 AM Secretary of State

	WILLIAM :	<u> </u>		<u>. </u>	100 1	
1. Entity Nam	MENT # 291426 SANZ CORPORATION				Secretary of State	
Principal Place of Business 1865 BRICKELL AVENUE TOWNHOUSE #7 MIAMI, FL 33129		Mailing Address 1865 BRICKELL AVENUE TOWNHOUSE #7 MIAMI, FL 33129	Е			
E	OO NOT WRITE		CE	07222005 4. FEI Numb 59-110	No Chg-P CR2E034 (10/03) per Applied For	
6. Name and Address of Current Registered Agent SEGAL, MARTIN E 2655 LEJEUNE ROAD, SUITE 1101 CORAL GABLES, FL 33134				DO NOT WRITE IN THIS SPACE		
8. The above the obligat SIGNATURE	tions of registered agent.		ed office or regls	,	oth, in the State of Florida. I am familiar with, and accept	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Finar Trust Fund Contribution.		5.00 May Be dded to Fees	in accordance with s. 607.193(2)(b), F.S., the corporation dld not receive the prior notice.	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PD SANZ, JOSE L 1865 BRICKELL AVENUE #7 MIAMI, FL 33129	ECTORS			U00000374677 07/27/05-80003-008 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			. — — — — — — — — — — — — — — — — — — —	·	01/21/05-80003-QU8 150.00	
NAME STREET ADDRESS CITY-ST-70P			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· Paranging ang mangang sa	IN .	THIS SPACE	
TITLE	٠					

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

JAL JAN Z

SIGNATURE AND TYPED OH PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

July 24 of

305-854.0016

Daytime Phone #