2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 02, 2005 08:00 AM **DOCUMENT # 502552** 1. Entity Name **Secretary of State** Z. HAYDU MFG. CORP. Principal Place of Business Mailing Address 1980 GRANT ST. 1980 GRANT ST. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4, FEI Number Applied For 59-1674328 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LASCIO, RUDOLPH M., JR., ESQ. Street Address (P.O. Box Number is Not Acceptable) 5798 JOHNSON ST. HOLLYWOOD FL 33021 Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typad or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 02/02/05-80082-015-9599 00 - Addition 10. OFFICERS AND DIRECTORS 11. HILE THE ☐ Defete HAYDU, JAMES H. NAME NAME 1980 GRANT STREET. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MEJIA, ANA NAME. STREET ADDRESS 1980 GRANT STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP VΡ HILL Delete DITE F Change Addition NAME HAYDU, JOHN P. NAME STREET ADDRESS STREET ADDRESS 1980 GRANT STREET CITY - ST - ZIP CITY-ST-ZIP HOLLYWOOD FL nile TITLE Change Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZP Delete TÜLF TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY - ST- ZIP 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: JAMES HAYDU, PRES. 1/28/05 954-925-1779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Degree Phone 4