

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F64170

Entity Name: C.M.Z. ENTERPRISES, INC.

FILED  
Jan 19, 2009  
Secretary of State

**Current Principal Place of Business:**

2300 N STATE RD 7  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

2300 N STATE RD 7  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 59-2359573      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JOCKERS, ESQUIRE, ALAN N  
2300 N STATE RD 7  
HOLLYWOOD, FL 33021      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ZINN, CRAIG M,  
Address: 1841 N. STATE RD. 7  
City-St-Zip: HOLLYWOOD, FL

Title: VPD ( ) Delete  
Name: STAMPONE, TONY  
Address: 1841 N. STATE RD. 7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD ( ) Delete  
Name: PARKE, PATRICIA A  
Address: 2300 N STATE ROAD 7  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA A PARKE

SD

01/19/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date