

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F64170

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

2300 N STATE RD 7  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

16150 PINES BLVD.  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

2300 N STATE RD 7  
HOLLYWOOD, FL 33021

**New Mailing Address:**

1850 N STATE RD 7  
HOLLYWOOD, FL 33021

**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:**

JOCKERS, ESQUIRE, ALAN N  
1850 N STATE RD 7  
HOLLYWOOD, FL 33021 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: ALAN N. JOCKERS

01/05/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

Title: SD  
Name: PARKE, PATRICIA A  
Address: 1850 N STATE ROAD 7  
City-St-Zip: HOLLYWOOD, FL 33021

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: PATRICIA PARKE

SD

01/05/2010

Electronic Signature of Signing Officer or Director

Date