2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Jan 16, 2007 08:00 AM Secretary of State DOCUMENT # G16173 F.E.Z. PROPERTIES, INC. Principal Place of Business Mailing Address 3130 SW 107 AVENUE 3130 SW 107 AVENUE MIAMI, FL 33165 MIAMI, FL 33165 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2242977 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DIAZ, ELIO DO NOT WRITE 3130 S.W. 107 AVE. MIAMI, FL 33165 IN THIS SPACE 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, typed or printed name of registered agent and file if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME DIAZ, ELIO U00000586398 01/16/07-80051-017 150.00 12210 SW, 43 ST STREET ADDRESS C#Y-\$1-Z# MIAMI, FL 33175 TITLE NAME ZABALA, LUIS STREET ADDRESS 11215 SW 30 ST. CITY-ST-ZIP MIAMI, FL 33165 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-78P TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Descriptions

Date

Descriptions

Date

Descriptions

Date

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