

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G47669**

**1. Entity Name**  
**CARRAZZA INCORPORATED**



**Principal Place of Business**  
801 SEABREEZE BLVD.  
BAHIA MAR YACHT BASIN  
FT. LAUDERDALE, FL 33316

**Mailing Address**  
801 SEABREEZE BLVD.  
BAHIA MAR YACHT BASIN  
FT. LAUDERDALE, FL 33316



03112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-2307694

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

ZIMMERMAN, E. ROSS ESQ.  
STE. 301  
4000 NO STATE ROAD 7  
FT. LAUDERDALE, FL 33319

**DO NOT WRITE  
IN THIS SPACE**

**3. 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	D
<b>NAME</b>	SUHYDA, EDWARD
<b>STREET ADDRESS</b>	801 SEABREEZE BLVD.
<b>CITY - ST - ZIP</b>	FT. LAUDERDALE, FL
<b>TITLE</b>	PST
<b>NAME</b>	SUHYDA, EDWARD
<b>STREET ADDRESS</b>	801 SEABREEZE BLVD.
<b>CITY - ST - ZIP</b>	FT. LAUDERDALE, FL
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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03/30/05-954-523-523

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD SUHYDA

Date

Daytime Phone #

03/15/2005 954-523-523