

FROM :

FAX NO. :

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90300 008 ***150.00

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**

40088019



050 22005 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. Filing Number
9-2307694

Applies 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**

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

(NOTE: Registered Agent signature required unless designated)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added In Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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 employees.

SIGNATURE:

Edward Suhyda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD SUHYDA

04/30/06
Date

(954) 529 5237
Telephone Number