FROM :

FAX NO. :

FILED
May 03, 2007 8:00 am
Secretary of State
05-03-2007 90037 041 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G47669

1. Entity Name
CARRAZZA INCORPORATED

40102734

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

042: 2007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2307694

Applied I or
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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	
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 empowered.

SIGNATURE: EDWARD SUHYDA 04/30/07 (954) 523-5237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #