

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H93468

Entity Name: REMIZZO INC.

FILED  
May 01, 2005  
Secretary of State

**Current Principal Place of Business:**

3730 BELLE VISTA DR. S.  
ST. PETERSBURG, FL 33706 US

**New Principal Place of Business:**

**Current Mailing Address:**

3730 BELLE VISTA DR. S.  
ST. PETERSBURG, FL 33706 US

**New Mailing Address:**

3730 BELLE VISTA DR.  
ST. PETERSBURG, FL 33706 US

FEI Number: 59-2634733

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHOULS, JOANNA  
6032 3RD AVE N.  
SAINT PETERSBURG, FL 33710 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHOVLIS, RAZA  
Address: 3730 BELLE VISTA DR. S.  
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: S ( ) Delete  
Name: CHOULS, JOANNA  
Address: 6032 3RD AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: VP ( ) Delete  
Name: CHOULS, GILLIAN  
Address: 3730 BELLE VISTA DR. S.  
City-St-Zip: SAINT PETERSBURG, FL 33706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: CHOULS, RAZA  
Address: 3730 BELLE VISTA DR. S.  
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOANNA CHOULS

S

05/01/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date