


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H93468**

1. Entity Name  
**REMIZZO INC.**



Principal Place of Business      Mailing Address

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

**DO NOT WRITE IN THIS SPACE**



03072006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2634733**      Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHOULS, RAZA
STREET ADDRESS	3730 BELLE VISTA DR. S.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706
TITLE	S
NAME	CHOULS, JOANNA
STREET ADDRESS	6032 3RD AVE N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	VP
NAME	CHOULS, GILLIAN
STREET ADDRESS	3730 BELLE VISTA DR. S.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000464393  
 03/21/06-80114-002 150.00

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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: James Chas      Date: 03/08/06      Daytime Phone #: (727)345-3041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #