2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: LUCIOL SIGNATURE OF DIRECTOR

DOCUMENT # K82692 1. Entity Name R.A.Z. INVESTMENTS, INC.								Feb 04, 2004 08:00 AM Secretary of State							AM te
Principal Place % GASTON 3331 N.W. 1 MIAMI FL 33	I R. ALVARI	% GAS 3331 N.	Mailing Address % GASTON R. ALVAREZ 3331 N.W. 19TH TERRACE MIAMI FL 33125					1 (44)	Mar (mesial sing)		r irek 912li Bila		sk skri bir	New (1 (22)	
2. Principal P		3. Mailing Address				•						* ** • • • • • • • • • • • • • • • • • •			
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.					M	100RE		CR2E03	34 (11	/03)		
City & Stat	e	City & S	City & State				4. F	El Number	65-02	68136	3		\rightarrow	plied For t Applicable	
Zip		Country	Zip	Zip Coun			5. Certificate of Status Desired See Fee Requ								
	6. Name	and Address of Current	Registered A	Agent		Name		7. N	ame and A	ddress o	New R	egistered	d Ager	nt	
ALV 333			Street Addi	iress (P	.O. Bo	ox Number i	s Not Acc	ceptable	e)		· · · · · · · · · · · · · · · · · · ·				
MIA	MI FL 33	125				City									
8. The above named entity submits this statement for the purpose of changing its register								<u>,</u>				F	┗┆	Zìp Code	
the obligat	tions of regist	y submits this statement to tered agent.	or the purpose	e or changing its	register	ea office of re	gistere	a age	nt, or both,	in the Sta	ite of Fic	orida. Lar	n famil	iar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered agont	and title if applicat	o'e, (NOT	E. Registere	d Agent signature n	required w	vhen rei	nstating)			DATE			
ì		!! FEE IS \$150.00					····		9. Electi	ion Camp	aion Fin	ancina		\$5.0	D May Be
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State										Fund Co				Added	to Fees
10.	lon.	OFFICERS AND	DIRECTORS		11.			ADI	DITIONS/C	IANGÉS	TO OFF	ICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZEITUN, R 3331 N.W. MIAMI FL	UBEN 19 TERRACE				1		U00000035712 02/06/04-80030-004				☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		ŀ	•							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1								Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete										Change	Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP				☐ Delete		Į.								Change	Addition
TITLE NAME STREET AUDRESS CITY-ST-ZIP				☐ Delete	CITY	E ET ADDRESS -ST-ZIP								Change	Addition
Us the con	poration of it	e information supplled with it or supplemental report is ne receiver or trustee emp achment with an address,	owerea to exe	cute this report	as requi	mption stated ture shall have red by Chapte	in Seci e the sa er 607,	tion 1 ame le Florid	19.07(3)(i), gal effect a a Statutes;	Florida St s if made and that r	atutes. I under o ny name	further co path; that le appears	ertify th I am ar i in Blo	at the in officer ck 10 or	formation or director Block 11 if

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