

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 15, 2005 8:00 am**  
**Secretary of State**

08-15-2005 90036 016 \*\*\*\*50.00

20066751



<b>DOCUMENT # L04000019542</b> 1. Entity Name <b>HZT ENTERPRISES, LLC</b>					
Principal Place of Business <b>22 SOUTHWEST 97TH PLACE MIAMI, FL 33174</b>			Mailing Address <b>P.O. BOX 226166 MIAMI, FL 33122</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <span style="float: right;">Applied For <input checked="" type="checkbox"/> Not Applicable</span>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				08102005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>TORRES, HECTOR S 22 SOUTHWEST 97TH PLACE MIAMI, FL 33174</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 substituting) DATE _____					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR TORRES, HECTOR S 22 SOUTHWEST 97TH PLACE MIAMI, FL 33174</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR TERAN, ZULAY C 22 SOUTHWEST 97TH PLACE MIAMI, FL 33174</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <u>Hector S Torres</u>			<u>8/12/2005</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		



**ATTACHMENT**  
**20060751**  
**Division of Corporations**

**2005 Annual Report**

**Listed below is the most recent information reported for the entity.  
Please review and click the appropriate button at the bottom to generate the annual  
report form.**

This information cannot be changed on the report.	
Document Number	L04000019542
Business Entity Name	HZT ENTERPRISES, LLC
Original File Date	03/01/2004

FEI Number

Principal Address 22 SOUTHWEST 97TH PLACE  
MIAMI, FL 33174

Mailing Address P.O. BOX 226166  
MIAMI, FL 33122

Registered Agent HECTOR S TORRES  
22 SOUTHWEST 97TH PLACE  
MIAMI, FL 33174 US

**Managing Member/Manager Name And Address**

MGR  
HECTOR S TORRES  
22 SOUTHWEST 97TH PLACE  
MIAMI, FL 33174

MGR  
ZULAY C TERAN  
22 SOUTHWEST 97TH PLACE  
MIAMI, FL 33174

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