

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90062 020 ***150.00

40009231



01252005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0184013 Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name **STEPHEN A. ZISKIND**
Street Address (P.O. Box Number is Not Acceptable) **2400 WHISPERING OAKS LANE**
City **DELRAY BEACH** FL Zip Code **33483**

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 *[Signature]* DATE *1/26/05*

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	ZISKIND, STEPHEN	245 NORTH OCEAN BLVD	DEERFIELD BEACH, FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

12. 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 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: *[Signature]* DATE *1/26/05* DAYTIME PHONE # *410-392-0177*

DOCUMENT # L52069
1. Entity Name
KRZ PROPERTIES, INC.

Principal Place of Business
245 N OCEAN BLVD
#304
DEERFIELD BEACH, FL 33441

2. Principal Place of Business
2400 WHISPERING OAKS LANE
Suite, Apt. #, etc.

3. Mailing Address
109 N. BRIDGE STREET
Suite, Apt. #, etc.
ADMINISTRATIVE OFFICE

City & State
DELRAY BEACH, FL

City & State
ELKTON, MD

Zip
33483

Country
PALM BEACH

Zip
21921

Country
CECIL

6. Name and Address of Current Registered Agent
ZISKIND, STEPHEN
245 NORTH OCEAN BLVD
DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent

SIGNATURE *[Signature]* DATE *1/26/05*

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

10. OFFICERS AND DIRECTORS

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