## 2007 FOR PROFIT CORPORATION

## **FILED** ANNUAL REPORT Apr 02, 2007 08:00 AM **DOCUMENT # L64233 Secretary of State** 1. Entity Name MIKE RIZZI, INC. Principal Place of Business Mailing Address 18720 N 30TH ST 18720 N 30TH ST LUTZ, FL 33558-3905 LUTZ, FL 33558-3905 CR2E034 (11/05) 01102007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3020269 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEISBROD, DAVID T. DO NOT WRITE 601 N. FRANKLIN ST. **SUITE 610** IN THIS SPACE TAMPA, FL 33602 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE RIZZI, MICHAEL J. NAME 18720 N 30TH ST STREET ADDRESS CITY-ST-ZIP LUTZ, FL TITLE 000000685364 04/09/07-80001-025 150.00 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 flue 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**SIGNATURE** 

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS