

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90037 041 ***150.00

DOCUMENT # L70930

1. Entity Name
HOZ & COMPANY, INC.



Principal Place of Business
**3785 NW 82ND AVENUE
SUITE 102
MIAMI, FL 33166**

Mailing Address
**3785 NW 82ND AVENUE
SUITE 102
MIAMI, FL 33166**

50027260



2. Principal Place of Business
8180 NW 36 Street
Suite, Apt. #, etc.
420

3. Mailing Address
8180 NW 36 Street
Suite, Apt. #, etc.
420

03112005 Chg-P CR2E034 (10/03)

City & State
Miami, FL
Zip
33166

City & State
Miami, FL
Zip
33166

4. FEI Number
65-0184767
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DE LA HOZ, LEOPOLDO
970 HUNTING LODGE DR
MIAMI SPRINGS, FL 33166**

7. Name and Address of New Registered Agent

Name
Leopoldo de la Hoz
Street Address (P.O. Box Number is Not Acceptable)
8180 NW 36 St Ste 420
City
Miami FL Zip Code
33166

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

3/11/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DELAHOZ, LEOPOLDO	
STREET ADDRESS	970 HUNTING LODGE DR	
CITY-ST-ZIP	MIAMI SPRINGS, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRISSELL, DE LA HOZ	
STREET ADDRESS	970 HUNTING LODGE DR	
CITY-ST-ZIP	MIAMI SPINGS, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leopoldo de la Hoz	
STREET ADDRESS	13095 Arch Creek Terr	
CITY-ST-ZIP	N. Miami, FL-33181	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bursall de la Hoz	
STREET ADDRESS	13095 Arch Creek Terr	
CITY-ST-ZIP	N. Miami, FL-33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Date **3/11/05** Daytime Phone # **605599-1120**