

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUL 10 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003365

1. Entity Name  
TREZZA FOUNDATION FOR THE ARTS, INC.



Principal Place of Business  
3389 SHERIDAN STREET, #201  
HOLLYWOOD, FL 33021

Mailing Address  
3389 SHERIDAN STREET, #201  
HOLLYWOOD, FL 33021



07062007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0458962

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

GOTTLIEB, BRUCE M  
125 N. 46TH AVE  
HOLLYWOOD, FL 33021

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	TREZZA, JAMES F
STREET ADDRESS	SUITE 201, 3389 SHERIDAN ST
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	YOLDAS, DANIELLE
STREET ADDRESS	3041 N. 35TH ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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 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 617, 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:

*Bruce Gottlieb* Registered Agent  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 966 7900