

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90051 025 ***150.00

DOCUMENT # P00000039126

1. Entity Name
GOZLAN PROPERTIES, INC.



Principal Place of Business
**2530 N.E. 209 TERRACE
MIAMI, FL 33180**

Mailing Address
**2530 N.E. 209 TERRACE
MIAMI, FL 33180**

50005677



01112005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0997827

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREEN KAHN, & PIOTRKOCOSKI, P.A.
ATTN: DONALD KAHN, ESQUIRE
317 - 71ST STREET
MIAMI BEACH, FL 33141**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE **1/19/05**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **GOZLAN, MOSHE**
STREET ADDRESS **2530 NE 209 TERR.**
CITY - ST - ZIP **MIAMI, FL 33180**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT



50005677

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 11, 2005

GOZLAN PROPERTIES, INC.
2530 N.E. 209 TERRACE
MIAMI, FL 33180

SUBJECT: GOZLAN PROPERTIES, INC.
Ref. Number: P00000039126

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Katrina Sutphin

Letter Number: 805A00002112