

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90002 012 ***150.00

DOCUMENT # P00000063299

1. Entity Name
TOTAL KIRZ DELIVERY SERVICE CORP.



Principal Place of Business
**9601 FONTAINEBLEAU BLVD, 602
MIAMI, FL 33172**

Mailing Address
**9601 FONTAINEBLEAU BLVD, 602
MIAMI, FL 33172**

54056689



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022003

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-1017920

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GONZALEZ-EDGAR R
9601 FOUNTAINBLEAU BLVD
#602
MIAMI, FL 33172

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
NAME GONZALEZ, EDGAR R
STREET ADDRESS 9601 FONTAINEBLEAU BLVD., #602
CITY-ST-ZIP MAIMI, FL 33172 ☒ Delete

TITLE PD
NAME GONZALEZ, EDGAR R
STREET ADDRESS 9531 FONTAINEBLEAU BLVD. #500
CITY-ST-ZIP MIAMI FL 33172 ☒ Change ☐ Addition **7510**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDGAR GONZALEZ

Date

Daytime Phone #

5/30/04

7864020151