

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90227 006 ***150.00

DOCUMENT # P00000100673

1. Entity Name
VAZ GROUP, INC.



Principal Place of Business
**111 E BOCA RATON RD
BOCA RATON, FL 33432**

Mailing Address
**111 BOCA RATON RD
BOCA RATON, FL 33432**

50052445



2. Principal Place of Business
2840 N.W. Boca Raton Blvd, #105
Suite, Apt. #, etc.
#105
City & State
Boca Raton, Fla.
Zip
33431
Country
USA

3. Mailing Address
2840 N.W. Boca Raton Blvd, #105
Suite, Apt. #, etc.
#105
City & State
Boca Raton, Fla.
Zip
33431
Country
USA

05052005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**VAZ, ANTHONY
111 BOCA RATON RD
BOCA RATON, FL 33432**

4. FEI Number
65-1052840

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name
Anthony Vaz
Street Address (P.O. Box Number is Not Acceptable)
2840 N.W. Boca Raton Blvd, #105
City
Boca Raton **FL** Zip Code
33431

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 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAZ, ANTHONY 111 E BOCA RATON RD BOCA RATON, FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Vaz, Anthony 2840 N.W. Boca Raton Blvd #105 Boca Raton, Fla 33431	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date **5/5/05** Daytime Phone # _____