2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111376

City-St-Zip:

CORAL GABLES, FL 33134

FILED Feb 17, 2009 Secretary of State

Entity Nai	me: STUZIN	ENTERPRISES, INC.			
Current Principal Place of Business:			New Principal Place	of Business:	
800 DOUGLAS RD STE 500 CORAL GABLES, FL 33134					
	lailing Addre		New Mailing Addres	s:	
800 DOUG STE 500 CORAL GA	GLAS RD ABLES, FL 3	3134			
FEI Number:	: 65-1060430	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
HRAWG CORP. 2000 GLADES ROAD SUITE 400 BOCA RATON, FL 33431 US			800 DOÙGLAS ROAD SUITE 500	STUZIN, CHARLES B 800 DOUGLAS ROAD SUITE 500 CORAL GABLES, FL 33134 US	
	named entity e of Florida	submits this statement for the	ne purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: CHARLES STUZIN				02/17/2009	
Electronic Signature of Registered Agent			Agent	Date	
Election Car	npaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	STUZIN, CHAI 800 DOUGLA) Delete RLES B S RS STE. 500 ES, FL 33134	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STUZIN, JAMI 800 DOUGLA) Delete ES M S RD STE 500 ES, FL 33134	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	BLANCO, CAF) Delete RY S RD STE. 500	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHARLES STUZIN MR 02/17/2009