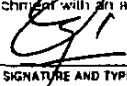


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-18-2008 90009 015 ***150.00

2/1

DOCUMENT # P01000000635 1. Entity Name CORZAN, INC.					
Principal Place of Business 4510 SW 74 AVE MIAMI FL 33155			Mailing Address 4510 SW 74 AVE MIAMI FL 33155		
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		Zip 	
Country 		Country 		4. FE Number 65-1064014	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent ARANZAN, ORLANDO R 4510 SW 74 AVE MIAMI FL 33155				7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature must be printed name of registered agent or director. NOTE: Registered Agent must be registered in the State of Florida.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 NAME STREET ADDRESS CITY - ST - ZIP	PD ARANZAN, ORLANDO R 4510 SW 74 AVE MIAMI FL 33155	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CORTIZA, ROBERTO 4510 SW 74 AVE MIAMI FL 33155	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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 exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplementing 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:  ORLANDO R. ARANZAN 3/7/08 305-2696911 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date D type Fee #					