

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 24, 2007 08:00 AM  
Secretary of State

DOCUMENT # P01000055707

1. Entity Name  
HEUZMAN INVESTMENT, INC.



Principal Place of Business  
13295 NW 18 CT  
PEMBROKE PINED, FL 33028

Mailing Address  
13295 NW 18 CT  
PEMBROKE PINED, FL 33028



01212007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1109792

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

VALERY, ARTURO  
13295 NW 18 CT.  
PEMBROKE PINES, FL 33028

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	UZCATEGUI, EUGENIO
STREET ADDRESS	13295 NW 18 CT
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	S
NAME	DE UZCATEGUI, ELENA
STREET ADDRESS	13295 NW 18 CT
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	D
NAME	DE VALERY, ELENA
STREET ADDRESS	13295 NW 18 CT
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000600073  
01/25/07-80052-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Elena de Valery*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/07

Date

954-4504718

Daytime Phone #