

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90102 029 ***150.00

DOCUMENT #P01000068268

1. Entity Name
CEGAZ, INC.



Principal Place of Business
C/O BARED AND ASSOC. PA
1500 SAN REMO AVE SUITE 103
CORAL GABLES, FL 33146

Mailing Address
C/O BARED AND ASSOC. PA
1500 SAN REMO AVE SUITE 103
CORAL GABLES, FL 33146

50049022



2. Principal Place of Business

8360 WEST FLAGLER
SUITE 200

3. Mailing Address

8360 WEST FLAGLER
SUITE 200

01252005 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-1120409

Applied For
Not Applicable

Zip 33144 Country USA

Zip 33144 Country USA

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

6. Name and Address of Current Registered Agent

BARED AND ASSOCIATES, P.A.
1500 SAN REMO AVE #103
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name LUIS RIOS
Street Address (P.O. Box Number is Not Acceptable)
8360 WEST FLAGLER
SUITE 200
City MIAMI FL Zip Code 33144

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

1/1/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 ☐ Delete
NAME ZEVALLOS, CARLOS E
STREET ADDRESS 1500 SAN REMO AVE SUITE 103
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE VPSD ☐ Delete
NAME BURGA, MARIELITA S
STREET ADDRESS 1500 SAN REMO AVE., #103
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Carlos E. Zevallos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #