

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2004 8:00 am
Secretary of State

09-15-2004 90001 024 ***150.00

DOCUMENT # P01000074661



1. Entity Name
TUZ INTERNATIONAL, INC.

Principal Place of Business
**10200 NW 25TH STREET, STE. 203
MIAMI, FL 33172**

Mailing Address
**10181 NW 32ND TERRACE
MIAMI, FL 33172**

54072927



2. Principal Place of Business

3. Mailing Address

5630 NW 114 PATH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

102

09092004

Chg-P

CR2E034 (10/03)

City & State

City & State

DORAL, FL

4. FEI Number

65-1127770

Applied For

Not Applicable

Zip

Country

Zip

33178

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TORO, ILSE R
10181 NW 32ND TERRACE
MIAMI, FL 33172**

Name

TORO, ILSE R

Street Address (P.O. Box Number is Not Acceptable)

5630 N.W. 114 PATH. SUITE #102

City

DORAL

FL

Zip Code

33178

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

09/09/04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
TORO, ILSE I
10181 NW 32ND TERRACE
MIAMI, FL 33172**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**PD
TORO, ILSE I
5630 N.W. 114 PATH. SUITE #102
DORAL, FL 33178**

☒ Change ☐ Addition

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☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/09/04 (786) 385 0534

Date

Daytime Phone #

WE DID NOT RECEIVE THE ANNUAL REPORT CARD FOR 2004
PLS TAKE THIS IN CONSIDERATION AND DO NOT CHARGE THE
PENALTY FEE. THANKS. *[Signature]*