


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 24, 2004 8:00 am**  
**Secretary of State**

06-24-2004 90079 040 \*\*\*150.00

<b>DOCUMENT # P01000090495</b> 1. Entity Name <b>NRZ, INC.</b>					
Principal Place of Business <b>17101 GULF BLVD. N. REDINGTON BEACH, FL 33708</b>			Mailing Address <b>17101 GULF BLVD. N. REDINGTON BEACH, FL 33708</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-1136608</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>JUDKOWITZ, HARVEY</b> <b>10220 SW 124TH ST</b> <b>MIAMI, FL 33176</b> <i>change address only</i>				7. Name and Address of New Registered Agent Name <b>JUDKOWITZ, HARVEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>14241 SW 92 AVE</b> <b>MIAMI</b> City <b>FL</b> Zip Code <b>33176</b>	
8. The above named entity submits this 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TZANANI, NIR</b> <b>17101 GULF BLVD.</b> <b>N. REDINGTON BEACH, FL 33708</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ZABARI, RAFFI</b> <b>17101 GULF BLVD.</b> <b>N. REDINGTON BEACH, FL 33708</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>[Signature]</i>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b> <b>RAFFI ZABARI</b>		
Date <b>6-21-04</b>			Daytime Phone <b>727-397-9208</b>		

**54058661**



06142004 Chg-P CR2E034 (10/03)