

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091082

FILED
Apr 29, 2009
Secretary of State

Entity Name: BIZER INVESTMENTS, INC.

Current Principal Place of Business:

1500 S. OCEAN BLVD., APT. 1504
BOCA RATON, FL 33432

New Principal Place of Business:

1500 S OCEAN BLVD
APT 1504
BOCA RATON, FL 33432

Current Mailing Address:

2100 GARDINER LANE #207
LOUISVILLE, KY 40205

New Mailing Address:

2100 GARDINER LANE
SUITE 207
LOUISVILLE, KY 40205

FEI Number: 31-1801673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIZER, ELLEN B
1500 S. OCEAN BLVD., APT. 1504
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

BIZER, ELLEN B
1500 S OCEAN BLVD
APT 1504
BOCA RATON, FL 33432 US

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.

SIGNATURE: _____

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BIZER, ELLEN B
Address: 1500 S. OCEAN BLVD., APT. 1504
City-St-Zip: BOCA RATON, FL 33432

Title: D () Delete
Name: BIZER DEMARCO, LYNN J
Address: 1542 SE 12TH ST.
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: ROTH, BRUCE J CPA
Address: 2100 GARDINER LN., STE. 207
City-St-Zip: LOUISVILLE, FL 40205

Title: D () Delete
Name: COAN, MARVIN L ESQ
Address: 239 S. FIFTH ST.
City-St-Zip: LOUISVILLE, FL 40202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE J. ROTH, CPA

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date