

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000094463

**FILED**  
**Jul 24, 2006**  
**Secretary of State****Entity Name:** LUIZZI ENTERPRISE, CORP.**Current Principal Place of Business:**4333 SILVER STAR RD  
SUITE # 125  
ORLANDO, FL 32808 US**New Principal Place of Business:**13530 GLYNSHEL DR  
WINTER GARDEN, FL 34787 US**Current Mailing Address:**4333 SILVER STAR RD  
SUITE # 125  
ORLANDO, FL 32808 US**New Mailing Address:**13530 GLYNSHEL DR  
WINTER GARDEN, FL 34787 US**FEI Number:** 59-3748887**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BATISTA, ILSON  
2019 WINTERMERE POINT DR  
WINTER GARDEN, FL 34787 US**Name and Address of New Registered Agent:**BATISTA, ILSON  
13530 GLYNSHEL DR  
WINTER GARDEN, FL 34787 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:

07/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BATISTA, ILSON  
Address: 2019 WINTERMERE POINT DR  
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP ( ) Delete  
Name: BARBOSA, JOAO B.A.  
Address: 2019 WINTERMERE POINT DR  
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete  
Name: GOMES, JOERLANE J  
Address: 2019 WINTERMERE POINT DR  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BATISTA, ILSON  
Address: 13530 GLYNSHEL DR  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: VP (X) Change ( ) Addition  
Name: BARBOSA, JOAO B.A.  
Address: 13530 GLYNSHEL DR  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: D (X) Change ( ) Addition  
Name: GOMES, JOERLANE J  
Address: 13530 GLYNSHEL DR  
City-St-Zip: WINTER GARDEN, FL 34787 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ILSON BATISTA

P

07/24/2006

Electronic Signature of Signing Officer or Director

Date