

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90155 019 ***150.00

**2005 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

20054882



CHECK HERE IF MAKING CHANGES

DOCUMENT # P02000014765					
1. Entity Name LIZGLEZ, INC.					
Principal Place of Business 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134			Mailing Address 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEL Number 43-1952460	
6. Name and Address of Current Registered Agent GONZALEZ, LIZETTE S. Lizette S. 201 ALHAMBRA CIRCLE SUITE 711 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent	
Name				Applied For	
Street Address (P.O. Box Number Is Not Acceptable)				Not Applicable	
City				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)</small>					
<small>FILE NOW WITH FEES \$150.00 After May 1, 2003 FEES WILL BE \$550.00 Make Check Payable to Florida Department of State</small>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GONZALEZ, LIZETTE S.	<i>Lizette S.</i>	NAME		
STREET ADDRESS	201 ALHAMBRA CIRCLE SUITE 711		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GONZALEZ, ALEX		NAME		
STREET ADDRESS	201 ALHAMBRA CIRCLE SUITE 711		STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 employees.

SIGNATURE: *Lizette S. Gonzalez* **4-28-05 305607-0955**
 Lizette S. Gonzalez, President