


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90066 025 ***150.00

DOCUMENT # P02000015270 1. Entity Name DONZI 23, INC.			
Principal Place of Business 18400 SW 127TH AVENUE MIAMI, FL 33177		Mailing Address 21601 SW 154TH AVE MIAMI, FL 33170	
2. Principal Place of Business - No P.O. Box # 13221 SW 216 TERR.		3. Mailing Address 13221 SW 216 TERR.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Miami, FL.		City & State Miami, FL.	
Zip 33170		Country USA	
4. FEI Number 42-1632776		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUARTE, PETER 18400 SW 127TH AVENUE MIAMI, FL 33177		7. Name and Address of New Registered Agent Name Peter Duarte Street Address (P.O. Box Number is Not Acceptable) 13221 SW 216 Terrace City Miami FL Zip Code 33170	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	PSTD DUARTE, PETER 18400 SW 127TH AVENUE MIAMI, FL 33177	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD PETER DUARTE 13221 SW 216 Terrace Miami, FL 33170
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained 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 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: _____		4/18/08 Date _____ Daytime Phone # _____	