

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90033 004 \*\*\*150.00

**DOCUMENT # P02000031742**

1. Entity Name

CARMENZA & SAM CORPORATION



Principal Place of Business

5251 S.W. 4TH COURT  
PLANTATION FL 33317

Mailing Address

5251 S.W. 4TH COURT  
PLANTATION FL 33317

*Address change*

2. Principal Place of Business

*5780 SW 18 Street*

3. Mailing Address

*5780 SW 18 St.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Plantation Florida*

City & State

*Plantation Florida*

Zip

*33317*

Country

*Broward*

Zip

*33317*

Country

*Broward*



MOORE

CR2E034 (11/03)

4. FEI Number

75-3043158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUIZ, SAMUEL  
5251 S.W. 4TH COURT  
PLANTATION FL 33317

*5780 SW 18 Street*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME RUIZ, CARMENZA I  
STREET ADDRESS *5780 SW 18 Street*  
CITY-ST-ZIP 5251 S.W. 4TH COURT  
PLANTATION FL 33317

TITLE V ☐ Delete  
NAME RUIZ, SAMUEL  
STREET ADDRESS *5780 SW 18 Street*  
CITY-ST-ZIP 5251 S.W. 4TH COURT  
PLANTATION FL 33317

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS *5780 SW 18 St.*  
CITY-ST-ZIP *PLANTATION, FL. 33317*

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 titles empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/9/04*  
Date

*954 9914683*  
Daytime Phone #