


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90040 013 ***150.00

DOCUMENT # P02000048023

1. Entity Name
 FDZ & FDZ, P.A.



Principal Place of Business
 12347 SW 82 AVE.
 PINECREST, FL 33156

Mailing Address
 PO BOX 565327
 MIAMI, FL 33256

40065113



2. Principal Place of Business - No P.O. Box #
 22798 SW 89th Path

3. Mailing Address
 Suite, Apt. #, etc.

03282008 Chg-P CR2E034 (12/06)

City & State
 Miami Florida

City & State

Zip
 33190

Country
 USA

4. FEI Number
 01-0691442

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, NANCY
 12347 SW 82 AVE.
 MIAMI, FL 33156

7. Name and Address of New Registered Agent

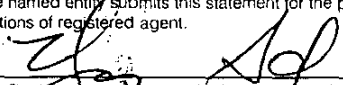
Name
 FERNANDEZ, NANCY

Street Address (P.O. Box Number is Not Acceptable)
 22798 SW 89th Path

City
 Miami

FL Zip Code
 33190

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:  NANCY FERNANDEZ 3/30/2008

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

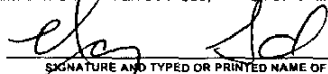
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FERNANDEZ, NANCY 12347 SW 82 AVE. MIAMI, FL 33176	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,T FERNANDEZ, KRISTINA A 773 SW 184 LN MIAMI, FL 33190	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, KATELINN A 7773 SW 184 LN PINECREST, FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D. FERNANDEZ, NANCY 22798 SW 89th Path Miami FL 33190	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, T FERNANDEZ, KRISTINA 773 SW 184 LN MIAMI, FL 33157	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S FERNANDEZ, KATELINN 7773 SW 184 LN MIAMI, FL 33157	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  NANCY FERNANDEZ 3/30/08 305300-0171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #