

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048023

Entity Name: FDZ & FDZ, P.A.

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

22798 SW 89TH PATH
MIAMI, FL 33190 US

Current Mailing Address:

PO BOX 565327
MIAMI, FL 33256

New Principal Place of Business:

975 ARTHUR GODFREY RD
#101
MIAMI BEACH, FL 33140 US

New Mailing Address:

PO BOX 565327
PINECREST, FL 33256

FEI Number: 01-0691442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, NANCY
22798 SW 89TH PATH
MIAMI, FL 33190 US

Name and Address of New Registered Agent:

FERNANDEZ, NANCY
975 ARTHUR GODFREY RD
101
MIAMI BEACH, FL 33140 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:

03/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FERNANDEZ, NANCY
Address: 22798 SW 89TH PATH
City-St-Zip: MIAMI, FL 33190

Title: DT () Delete
Name: FERNANDEZ, KRISTINA A
Address: 7773 SW 184 LANE
City-St-Zip: MIAMI, FL 33157

Title: DS () Delete
Name: FERNANDEZ, KATELINN
Address: 7773 SW 184 LN
City-St-Zip: MIAMI, FL 33157

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FERNANDEZ, NANCY
Address: 22798 SW 89TH PATH
City-St-Zip: CUTLER BAY, FL 33190

Title: DS (X) Change () Addition
Name: FERNANDEZ, KRISTINA A
Address: 7773 SW 184 LANE
City-St-Zip: CUTLER BAY, FL 33157 US

Title: DTS (X) Change () Addition
Name: ARANA, KATELINN A
Address: 7773 SW 184 LN
City-St-Zip: CUTLER BAY, FL 33157 US

Title: D () Change (X) Addition
Name: ROSA, JOSEPHINE A SR
Address: 7773 SW 184TH LANE
City-St-Zip: CUTLER BAY, FL 33157 US

I hereby certify that the information supplied with this filing does not qualify 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: NANCY FERNANDEZ

PD

03/16/2009

Electronic Signature of Signing Officer or Director

Date