

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90021 004 ***150.00

DOCUMENT # P02000048043

1. Entity Name
REIZA ENTERPRISES, INC.



Principal Place of Business
**5401 NW 102ND AVENUE, BAY 133
SUNRISE, FL 33351**

Mailing Address
**5401 NW 102ND AVENUE, BAY 133
SUNRISE, FL 33351**

2. Principal Place of Business

11258 NW S. RIVER DR.

Suite, Apt. #, etc.

3. Mailing Address

11258 NW S. RIVER DR

Suite, Apt. #, etc.

City & State

MEDLEY, FL

Zip **33178**

Country **USA**

City & State

MEDLEY, FL

Zip **33178**

Country **USA**

07052006

Chg-P

CR2E034 (11/05)

4. FEI Number

73-1641785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NOFIL, JOSEPH K P.A.
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **PTS** ☐ Delete
NAME **PEREA, CARMEN E**
STREET ADDRESS **5401 NW 102ND AVENUE, BAY 133**
CITY - ST - ZIP **SUNRISE, FL 33351**

TITLE **VP** ☐ Delete
NAME **PEREA, RENATO**
STREET ADDRESS **5401 NW 102ND AVENUE, BAY 133**
CITY - ST - ZIP **SUNRISE, FL 33351**

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 **11258 NW S. RIVER DRIVE**
CITY - ST - ZIP **MEDLEY, FL 33178**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **11258 NW S. RIVER DRIVE**
CITY - ST - ZIP **MEDLEY, FL 33178**

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 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 prepare 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #