2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P02000088747 1. Entity Name



FILED Apr 29, 2005 8:00 am Secretary of State

| MOZART | RTIES, INC. | | | | 04-29-2005 9018 / 030 ***150.00 | | | | | | | |
|---|--|---|--|--------------------------|--|---|--|---|---|-------------------------------|---|--|
| Principal Place of Business C/O ROBERT ALLEN LAW 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131 | | | Mailing Address C/O ROBERT ALLEN LAW 1441 BRICKELL AVE STE 1014 MIAMI, FL 33131 | | | 1 18.9 78.8 3 4.8 | 1810 (1817) 86 3)) 83) | | | en iene il enoi | | |
| 2. Principal P | | ness ICKELL AVE | 3. Mailing Address 1441 BRICKELL AVE | | | | | | | | | |
| Suite, Apt I | 4 ′δδ | | Suite, Ant. # ofc. | | | | 01262005 | Chg-P | CR2E034 | l (10/03) |) | |
| City & State | e IAMI, | FL | City & State MIAMI, | | | 4. FEI Number 06-16506 | 503 | 10 10 | | Applied For lot Applicable | | |
| Zip 33131 Country USA | | | ^{Zi} 33131 | ^t ŬSA | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | | |
| | 6. Name | and Address of Current F | 7. Name and Address of New Registered Agent | | | | | | | | | |
| ROBERT ALLEN LAW 1441 BRICKELL AVE STE 1014 | | | | | ROBERT ALLEN LAW Street Address AP.O. Box Number is Not Acceptable) 1441 BRICKELL AVE | | | | | | | |
| MIAMI, FL | 33131 | | ₩ | | | SUITE 1400 | | | | | | |
| | | | | | City | MIA | AMI FL Zip So | | | | d 13131 | |
| 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 | | | | | | | | | | | | |
| | | <u> </u> | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees | | | | | | | | | | | | |
| 10. | no. | OFFICERS AND [| | 11. | | 725 | | HANGES TO OFFI | | | | |
| TITLE NAME | PS BEECK, A | ALBERTO | Delete | TITLE NAM | " Ragar K / | | | iber to | | Change | Addition Addition | |
| STREET ADDRESS CITY-ST-ZIP | 1441 BRIG MIAMI, FL | CKELL AVE STE 1014 _ 33131 | | | ET ADDRESS -ST-ZIP | 144 | 1 Brick | ell Ave | | 51C , | 1400 | |
| TITLE NAME | VPD | HILD, EDVARDO | ☐ Delete | TITLE | | 100 | | | | Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | CKELL AVE STE 1014 | STREE | | ET ADDRESS -ST-ZIP | 144 | ochschild, Edvardo Tchange Addition | | | | | |
| TITLE | TD | | Delete | TITLE | : | 7/2 | · 1 · 1 | -1 1/0 | | ∃ Change_ | Addition | |
| NAME STREET ADDRESS | | HILD, MARIANA DE CKELL AVE STE 1014 | NAMI Stre | | E Et address | s 1441 Brickell | | | larianc DE Addition Avenue St 1400 | | | |
| CITY-ST-ZIP | MIAMI, FL | 33131 | | CITY | -ST-ZIP | M_{ℓ} | <u>ami, 7</u> | 1 3312 | <u>} /</u> | | | |
| TITLE NAME | SS ALLEN, FI | OBERT N JR. | ☐ Delete | TITLE | | 55 | naviajur 4 Brick | nberto (| D. : [| 2 Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | 1441 BRIG MIAMI, FL | CKELL AVE STE 1014 | | | ET ADDRESS -ST-ZIP | 144 | u Back | cell me | nue | StC | 1400 | |
| TITLE | IVII/AIVII, I L | 2 00101 | ☐ Delete | TITLE | | 1111 | arrii, i | -/ 33/ | | Change | Addition | |
| NAME STREET ADDRESS | | | | NAMI STRE | E Et address | | | | | | | |
| CITY-ST-ZIP | | | | B | -ST-ZIP | | | | | | | |
| TITLE NAMÉ | | | ☐ Delete | TITLE | | | | | [| Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | : | | | B B | ET ADDRESS -ST-ZIP | | | | | | | |
| 12. I hereby of indicated of the cor | certify that the on this reportion or the contraction or the contracti | e information supplied with rt or supplemental report is he receiver or fustee empo | this filing does not qualify for true and accurate and that wered to execute this repo | or the exer my signat | mption state ure shall ha red by Char | ed in Sec ve the s oter 607. | ction 119.07(3)(i), ame legal effect a Florida Statutes: | Florida Statutes. I as if made under o and that my name | further certify ath; that I am appears in E | that the an office | information or or director or Block 11 if | |
| 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 receiper cyclic steel 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. | | | | | | | | | | | | |
| SIGNAT | SIGNATURE: MAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR UNDER THE DATE OF SIGNING OFFICER OR DAT | | | | | | | | | | | |