2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Jun 16, 2004 8:00 am
Secretary of State
05-17-2004 90006 046 ***150.00

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03042004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000131419

1. Entity Name
RZ-TB, INC.

Principal Place of Business	Mailing Address
1841 W 18TH ST RIVERIA BEACH, FL 33404	2 SO. UNIVERSITY DR. #312 PLANTATION, FL 33324

2. Principal Place of Business	3. Mailing Address
2900 W. SAMPLE RD	2900 W SAMPLE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Bch Fl	City & State: Pompano Bch Fl
Zip: 33073 Country: U.S.A.	Zip: 33073 Country: U.S.A.

4. FEI Number: 51-0442549 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZINK, RAYMOND O
1841 W 18TH ST
RIVERIA BEACH, FL 33404

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 Anthony Brocco 6/10/04
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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROCCO, ANTHONY 1841 W 18TH ST RIVERIA BEACH, FL 33404 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Anthony Brocco 6/10/04 561 305-8668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #