


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90023 018 ***150.00

DOCUMENT # P03000013721					
1. Entity Name SANZ MANAGEMENT INC.					
Principal Place of Business 531-539 MICHIGAN AVE MIAMI BEACH, FL 33139 US			Mailing Address 18545 SW 24 STREET MIRAMAR, FL 33029 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0818508	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SANCHEZ, ERNESTO 18545 SW 24 STREET MIRAMAR, FL 33029				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 _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME SANCHEZ, ERNESTO		TITLE	NAME	
STREET ADDRESS	18545 SW 24 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33029		CITY-ST-ZIP		
TITLE VP	NAME SANCHEZ, CONSUELO		TITLE	NAME	
STREET ADDRESS	18545 SW 24 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33029		CITY-ST-ZIP		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			1-9-04 303-531-3651		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		