## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Nathaniel Dennis //W/WW

## FILED May 03, 2005 8:00 am Secretary of State

786-487-2222

DOCUMENT # P03000026290  1. Entity Name DENNIZ, INC.							05-03-2005 90121 013 ***150.00		
Principal Plac 1156 NW 56 MIAMI, FL 3:	TH STREET	S	Mailing Address 1156 NW 56TH STREET MIAMI, FL 33127						
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04292005 Chg-P CR2E034 (10/03)		
City & State			City & State				4. FEI Number Applied For 91-2186223 Not Applie		
Zip	Zip Country		Zip Count		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent		
					Name Dennis, Nathaniel				
DENNIS, NATHANIEL 1721 NW 41ST STREET MIAMI, FL 33142					Street Address (P.O. Box Number is Not Acceptable) 1156 N.W. 56 Street				
			City				FL 373127		
8. The above named entity submits this statement for the purpose of changing its registers									
the obligat	ions of regist	•	:// <u></u>	. // {	′ / 、				
SIGNATURE Nathaniel Dennis					Jem 4-29-05				
	Signature, typed	or printed name of registered agent a	and title if applicable. (N	OTE: Registere	d Agent signature	required	ed when reinstating) DATE		
		FEE IS \$150.00 5 Fee will be \$550.0	9. Election Cam Trust Fund Co				5.00 May Be ded to Fees		
10.		OFFICERS AND	RECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D Delete				~	D/P K Change Addition			
NAME	1	NATHANIEL	NAM		I .		nnis, Nathaniel	i	
STREET ADDRESS CITY-ST-ZIP	MIAMI, FL	41ST STREET 33142		EET ADDRESS '-ST-ZIP		56 N.W. 56 Street			
TITLE	1417 (1411, 1 2	. 55142	□ Delete	TITL		Mla	ami, FL 33127	lition	
NAME	NAI DEREE				1		La Change		
STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP			<u> </u>	CITY	-SI-ZIP				
TITLE			☐ Delete	TITL			Change Add	ition	
NAME STREET ADDRESS				NAM STRI	EET ADDRESS				
CITY-ST-ZIP					'-ST-ZIP				
TITLE			☐ Delete	TITL	E		☐ Change ☐ Add	lition	
NAME				NAM	<b>I</b>				
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '+ST-ZIP				
	l						[7] Channe Add	lilion	
TITLE NAME			☐ Delete	TITL	I .		Change Add	.ition	
STREET ADDRESS					EET ADDRESS				
CITY-ST-ZIP				CITY	'+ST-ZIP				
TITLE			☐ Delete	TITL	I .		Change Ado	lition	
NAME STREET ADDRESS				EET AINDESS			ŀ		
CITY-ST-ZIP					FET ADDRESS '-ST-ZIP				
12. I hereby o	ertify that the	e information supplied with	this filing does not qualify	for the exe	emption stated	d in Se	Section 119.07(3)(i), Florida Statutes. I further certify that the information	)n	
indicated of the cor changed	on this report poration or the or on an atta	rt or supplemental report is he receiver or trustee empo achment with an address.	true and accurate and that owered to execute this repover with all other like empower	nt ony signa of as requi	ture shall hav ired by Chapt	e the s	s same legal effect as if made under oath; that I am an officer or direc 17, Florida Statutes; and that my name appears in Block 10 or Block 1	or 1 if	