

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91025 012 ***150.00

DOCUMENT # P03000031885

1. Entity Name
RZP BLOCK, INC.



Principal Place of Business
**1590 NORTHWEST 28TH AVENUE
MIAMI, FL 33125**

Mailing Address
**1590 NORTHWEST 28TH AVENUE
MIAMI, FL 33125**

94081939

2. Principal Place of Business
12265 S W 43rd STREET
Suite, Apt. #, etc.

3. Mailing Address
12265 SW 43rd STREET
Suite, Apt. #, etc.

04302004

Chg-P

CR2E034 (10/03)

City & State
MIAMI FLORIDA
Zip
33175
Country
U.S.

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MIAMI FLORIDA
Zip
33175
Country
U.S.

4. FEI Number **043746245**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

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

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

TITLE **PVST** ☐ Delete
NAME **PACHECO, RICARDO**
STREET ADDRESS **1590 NORTHWEST 28TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE **D** ☐ Delete
NAME **PACHECO, RICARDO**
STREET ADDRESS **1590 NORTHWEST 28TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33125**

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 **PVST** ☒ Change ☐ Addition
NAME **PACHECO, RICARDO**
STREET ADDRESS **12265 SW 43rd STREET**
CITY-ST-ZIP **MIAMI FLORIDA 33175**

TITLE **D** ☒ Change ☐ Addition
NAME **PACHECO, RICARDO**
STREET ADDRESS **12265 SW 43rd STREET**
CITY-ST-ZIP **MIAMI FLORIDA 33175**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICARDO PACHECO
PRESIDENT

Date

Daytime Phone #

4/29/04 (305) 222-9333