## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: S

## **Secretary of State** DOCUMENT # P03000086061 01-17-2006 90268 003 \*\*\*150.00 E & Z PROPERTY HOLDINGS, INC. Principal Place of Business Mailing Address 500 VONDERBERG DR., #102 EAST 500 VONDERBERG DR., #102 EAST BRANDON, FL 33511 BRANDON, FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01092006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-0172017 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANTONIO U. ZUMPANO MILIAN, MARY HESQ. Street Address (P.O. Box Number is Not Acceptable) 500 00006 ABONG DA # 102 8500 SW 182 TR MIAMI, FL 33157 BRANDON ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this state the obligations of registers ANTONIO ZUMPAND 1-9-2006 SIGNATURE. pent and offe if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD TITLE ☐ Delete TITI F ☐ Change Addition ZUMPANO, ANTONIO V NAME NAME STREET ADDRESS 500 VONDERBUR DR STE 102 STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP STD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ENRIQUEZ, JULIO A NAME 500 VONDERBUR DR STE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON, FL 33511 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this thing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied ental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, and attachment with an address, with all other like information.

ANTONIO ZUM PM, PRISIDENT

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-206

813-661-5658

Daytime Phone #

FILED Jan 17, 2006 8:00 am