
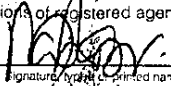
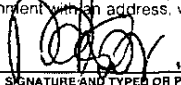


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90341 043 ***150.00

DOCUMENT # P03000089414 1. Entity Name KZ PROPERTIES MANAGEMENT CORP.																													
Principal Place of Business 5416 NW CONSUMER AVE. PORT ST. LUCIE, FL 34983			Mailing Address 5416 NW CONSUMER AVE. PORT ST. LUCIE, FL 34983																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip		Country		Zip																									
				Country																									
6. Name and Address of Current Registered Agent HOQUE, AMINUL 9913 N. GRAND DUKE CIRCLE TAMARAC, FL, FL 33321				7. Name and Address of New Registered Agent Name MOHAMMED A KHAN Street Address (P.O. Box Number is Not Acceptable) 5416 NW Consumer Ave City Port St Lucie FL Zip Code 34983																									
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 obligation of, registered agent. SIGNATURE:  DATE: 4/15/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. \$5.00 May Be Added to Fees																										
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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)(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:  President 4/20/05 (95A)234-9299. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

50040258



02072005 Chg-P CR2E034 (10/03)

4. FEI Number **20-155780** Applied For ☐ Not Applicable ☐

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

4/15/05
DATE