


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90113 010 ***150.00

DOCUMENT # P03000102405 1. Entity Name GWIZ, INC.																																																																																																																											
Principal Place of Business 3601 W. COMMERCIAL BLVD. 39 FORT LAUDERDALE, FL 33309		Mailing Address 3601 W. COMMERCIAL BLVD. 39 FORT LAUDERDALE, FL 33309																																																																																																																									
2. Principal Place of Business <i>6601 NW 14th Street</i> Suite, Apt. #, etc. <i>#3</i>		3. Mailing Address <i>6601 NW 14th St</i> Suite, Apt. #, etc. <i>#3</i>																																																																																																																									
City & State <i>Plantation, FL</i> Zip <i>33313</i>		City & State <i>Plantation, FL</i> Zip <i>33313</i>																																																																																																																									
4. FEI Number 20-0659749		Applied For Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent DIROCCO, RAYMOND M 3601 W. COMMERCIAL BLVD. 39 FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>6601 NW 14th Street</i> City <i>Plantation</i> FL Zip Code <i>33313</i>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																											
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">DP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DIROCCO, RAYMOND M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3601 W. COMMERCIAL BLVD #39</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33309</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">DV</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MORGAN, RICHARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3601 W. 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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 empowerment.																																																																																																																											
SIGNATURE: <i>Raymond M DiRocco</i> 5/1/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																											

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