

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-03-2004 90387 037 ***150.00

DOCUMENT # P03000114913 1. Entity Name BIZCLUBS INC.			
Principal Place of Business 6915 RED RD., STE. 214 CORAL GABLES FL 33143		Mailing Address 6915 RED RD., STE. 214 CORAL GABLES FL 33143	
2. Principal Place of Business 600 BRICKELL AVENUE		3. Mailing Address 600 BRICKELL AVENUE	
Suite, Apt. #, etc. 301-C		Suite, Apt. #, etc. 301-C	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country	Zip 33131	Country
6. Name and Address of Current Registered Agent DI ROCCO, FRANK 6915 RED RD., STE. 214 CORAL GABLES FL 33143		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	NAME DI ROCCO, ROCIO	TITLE 	NAME
STREET ADDRESS 6915 RED RD., STE. 214	CITY-ST-ZIP CORAL GABLES FL 33143	STREET ADDRESS 	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	NAME DI ROCCO, FRANK	TITLE 	NAME
STREET ADDRESS 6915 RED RD., STE. 214	CITY-ST-ZIP CORAL GABLES FL 33143	STREET ADDRESS 	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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MOORE CR2E034 (11/03)

4. FEI Number **56-2405689** Applied For ☐ Not Applicable ☐

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/04

Date

305-416-2777

Daytime Phone #

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.