

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085319

FILED  
Apr 13, 2008  
Secretary of State

Entity Name: EZ-OUT, INC.

**Current Principal Place of Business:**

3273 WENTWORTH STREET  
NORTH PORT, FL 34288 US

**New Principal Place of Business:**

**Current Mailing Address:**

3273 WENTWORTH STREET  
NORTH PORT, FL 34288 US

**New Mailing Address:**

FEI Number: 20-1236610      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GODOY, BEATRIZ C  
1043 NE 35 AVENUE  
HOMESTEAD, FL 33033 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PIMENTEL, RENE  
Address: 3273 WENTWORTH STREET  
City-St-Zip: NORTH PORT, FL 34288 US

Title: VP ( ) Delete  
Name: GODOY, BEATRIZ C  
Address: 1043 NE 35 AVENUE  
City-St-Zip: HOMESTEAD, FL 33033 US

Title: SEC ( ) Delete  
Name: PIMENTEL, JACQUELINE M  
Address: 3273 WENTWORTH STREET  
City-St-Zip: NORTH PORT, FL 34288 US

Title: TRE ( ) Delete  
Name: PIMENTEL, RENE JR.  
Address: 3273 WENTWORTH STREET  
City-St-Zip: NORTH PORT, FL 34288 US

Title: DIR ( ) Delete  
Name: PIMENTEL, MILLIE C  
Address: 3273 WENTWORTH STREET  
City-St-Zip: NORTH PORT, FL 34288 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILLIE C. PIMENTEL

DIR

04/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date