


2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-13-2005 90093 015 ***150.00

FILED P04000139425

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -5 AM 8:24

DOCUMENT # P04000139425	
1. Entity Name SAIZ & SONS CORPORATION	

Principal Place of Business 18971 NW 63 COURT CIRCLE HIALEAH, FL 33015	Mailing Address 16300 NE 19 AVE STE C NORTH MIAMI BEACH, FL 33162
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2. Principal Place of Business	3. Mailing Address 18971 NW 63 COURT CIRCLE
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State HIALEAH, FL
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Zip	Country	Zip	Country
		33015	USA



06062005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1716147	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAIZ, DAMILET 18971 NW 63 COURT CIR HIALEAH, FL 33015		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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD SAIZ, DAMILET 18971 NW 63 COURT CIRC HIALEAH, FL 33015			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Damilet Saiz **DAMILET SAIZ** 06/13/05 (305) 788 1539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #