2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# P05000037819

Entity Name: EZ MANAGEMENT GROUP, INC.

Current Principal Place of Business:

3359 BELVEDERE ROAD
O
W. PALM BCH, FL 33406

New Principal Place of Business:

Current Mailing Address:

3359 BELVEDERE ROAD
O
W. PALM BCH, FL 33406

New Mailing Address:

FEI Number: 20-2498314 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARROLL, EDWARD
7028 SEVILLA CT.
#504
CAPE CANAVERAL, FL 32920 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: PRES ( ) Delete
Name: CERVANTES, PLINIO
Address: 7572 VIA LURIA
City-St-Zip: LAKE WORTH, FL 33467

Title: VP ( ) Delete
Name: ACOSTA, FREDY
Address: 1165 RIVERSIDE WALK CROSSING
City-St-Zip: SUGARHILL, GA 30518

Title: TR ( ) Delete
Name: FOLCHETTI, WILLIAM
Address: 1424 MAGLIANO DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SEC ( ) Delete
Name: CARROLL, EDWARD
Address: 7028 SEVILLA COURT B504
City-St-Zip: CAPE CANAVERAL, FL 32920

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM FOLCHETTI TR 01/03/2007

Electronic Signature of Signing Officer or Director — Date