

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000115419

1. Entity Name
SZ HOLDINGS, INC.



Principal Place of Business
400 N. DIXIE HIGHWAY
HOLLYWOOD, FL 33020

Mailing Address
6401 N. UNIVERSITY DR. #316
TAMARAC, FL 33321

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt # etc

City & State

City & State

Zip

Country

Zip

Country

03202006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3330552

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHEPARD, JONATHAN L
5355 TOWN CENTER RD - STE 801
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name
Karin Boukzam
Street Address (P.O. Box Number is Not Acceptable)
6401 N. University Drive #316
City
Tamarac FL Zip Code
33321

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

Karin Boukzam - Karin Boukzam

3-21-2006

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOKZAM, MICHAEL ☒ Delete
STREET ADDRESS 6401 N. UNIVERSITY DR. #316
CITY-ST-ZIP TAMARAC, FL 33321

TITLE VD
NAME BOKZAM, KARIN ☐ Delete
STREET ADDRESS 6401 N. UNIVERSITY DR. #316
CITY-ST-ZIP TAMARAC, FL 33321

TITLE D
NAME ELJAOUHARI, ZAHER ☐ Delete
STREET ADDRESS 6401 N. UNIVERSITY DR. #316
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☐ Addition
NAME 30007047720315
STREET ADDRESS Tamarac, FL 33321
CITY-ST-ZIP Tamarac, FL 33321

TITLE P/D ☐ Change ☐ Addition
NAME BOUKZAM, Karin
STREET ADDRESS 6401 N. University Drive #316
CITY-ST-ZIP Tamarac, FL 33321

TITLE S/T ☐ Change ☐ Addition
NAME ELJAOUHARI, ZAHER
STREET ADDRESS 6401 N. University Drive #316
CITY-ST-ZIP Tamarac, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Karin Boukzam - Karin Boukzam

3-21-2006

504-481-6235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #