

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

01-16-2007 90262 034 ***150.00

DOCUMENT # P06000060885					
1. Entity Name WROZEN CORP.					
Principal Place of Business 169 EAST FLAGLER ST, SUITE 1620 MIAMI, FL 33131			Mailing Address 169 EAST FLAGLER ST, SUITE 1620 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 84-1709820	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROZENMUTER, WALTER 169 EAST FLAGLER ST, SUITE 1620 MIAMI, FL 33131				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTS NAME ROZENMUTER, WALTER STREET ADDRESS 235 SE FIRST ST., C/O ANA HIDALGO GATO CITY-ST-ZIP MIAMI, FL 33131	☐ Delete		TITLE PTS NAME ROZENMUTER, WALTER STREET ADDRESS 169 EAST FLAGLER ST., SUITE 1620 CITY-ST-ZIP MIAMI, FL 33131	☒ Change ☐ Addition	
TITLE V NAME ROZENMUTER, SILVIO STREET ADDRESS 235 SE FIRST ST. CITY-ST-ZIP MIAMI, FL 33131	☐ Delete		TITLE V NAME ROZENMUTER, SILVIO STREET ADDRESS 169 EAST FLAGLER ST., SUITE 1620 CITY-ST-ZIP MIAMI, FL 33131	☒ Change ☐ Addition	
TITLE V NAME ROZENMUTER, EVA STREET ADDRESS 235 SE FIRST ST. CITY-ST-ZIP MIAMI, FL 33131	☐ Delete		TITLE V NAME ROZENMUTER, EVA STREET ADDRESS 169 EAST FLAGLER ST., SUITE 1620 CITY-ST-ZIP MIAMI, FL 33131	☒ Change ☐ Addition	
TITLE V NAME ROZENMUTER, ROSALINA STREET ADDRESS 235 SE FIRST ST. CITY-ST-ZIP MIAMI, FL 33131	☐ Delete		TITLE V NAME ROZENMUTER, ROSALINA STREET ADDRESS 169 EAST FLAGLER ST., SUITE 1620 CITY-ST-ZIP MIAMI, FL 33131	☒ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	☐ Delete		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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01-12-07 305-358-4466 Date Daytime Phone #		