

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

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

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 89-1709820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ROZENMUTER, WALTER  
169 EAST FLAGLER ST, SUITE 1620  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2008 Fee will be \$550.00

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

U000000838364  
03/05/08-80027-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	ROZENMUTER, WALTER
STREET ADDRESS	169 EAST FLAGLER ST., STE 1620
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	V
NAME	ROZENMUTER, SILVIO
STREET ADDRESS	169 EAST FLAGLER ST., STE 1620
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	V
NAME	ROZENMUTER, EVA
STREET ADDRESS	169 EAST FLAGLER ST., STE 1620
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	V
NAME	ROZENMUTER, ROSALINA
STREET ADDRESS	169 EAST FLAGLER ST., STE 1620
CITY-ST-ZIP	MIAMI, FL 33131

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

02-19-08

Date

(305) 358-4466

Daytime Phone #