

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000060885

Entity Name: WROZEN CORP.

FILED  
Feb 02, 2011  
Secretary of State

## Current Principal Place of Business:

169 EAST FLAGLER ST, SUITE 1620  
MIAMI, FL 33131

## New Principal Place of Business:

169 EAST FLAGLER STREET  
1620  
MIAMI, FL 33131

## Current Mailing Address:

169 EAST FLAGLER STREET  
1620  
MIAMI, FL 33131

## New Mailing Address:

FEI Number: 89-1709820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

ROZENMUTER, WALTER  
169 EAST FLAGLER STREET  
1620  
MIAMI, FL 33131 US

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:

02/02/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PTS  
Name: ROZENMUTER, WALTER  
Address: 169 EAST FLAGLER STREET SUITE 1620  
City-St-Zip: MIAMI, FL 33131

Title: V  
Name: ROZENMUTER, SILVIO  
Address: 169 EAST FLAGLER STREET SUITE 1620  
City-St-Zip: MIAMI, FL 33131

Title: V  
Name: ROZENMUTER, EVA  
Address: 169 EAST FLAGLER STREET SUITE 1620  
City-St-Zip: MIAMI, FL 33131

Title: V  
Name: ROZENMUTER, ROSALINA  
Address: 169 EAST FLAGLER STREET SUITE 1620  
City-St-Zip: MIAMI, FL 33131

I hereby 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 all other like empowered.

SIGNATURE: WALTER ROZENMUTER

P

02/02/2011

Electronic Signature of Signing Officer or Director

Date