2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007
Secretary of State

DOCUMENT# P06000088845

Entity Name: CARLIZ MANAGEMENT, INC.

Current Principal Place of Business:

1013 LUCERNE AVE
SUITE 14
LAKE WORTH, FL 33461

New Principal Place of Business:

432 WRIGHT DRIVE
LAKE WORTH, FL 33461

Current Mailing Address:

P. O. BOX 5929
LAKE WORTH, FL 33461

New Mailing Address:

P. O. BOX 5929
LAKE WORTH, FL 33466

FEI Number: 20-1257757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPOS, ITA J
1013 LUCERNE AVE
SUITE 14
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

CAMPOS, ITA J
432 WRIGHT DRIVE
LAKE WORTH, FL 33461 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: ITA J CAMPOS 09/10/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P,S ( ) Delete
Name: CAMPOS, ITA J
Address: 432 WRIGHT DR
City-St-Zip: LAKE WORTH, FL 33461

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: CAMPOS, JOSE N
Address: 432 WRIGHT DRIVE
City-St-Zip: LAKE WORTH, FL 33461

Title: DS ( ) Change (X) Addition
Name: RIVERA, BRENDALEE L
Address: 132 BLOOMFIELD STREET
City-St-Zip: SPRINGFIELD, MA 01108

I hereby certify that the information supplied with this filing does not qualify 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: ITA J CAMPOS PS 09/10/2007
Electronic Signature of Signing Officer or Director Date