


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

| | | |
|---|---|---|
| DOCUMENT # P06000088845 | |  |
| 1. Entity Name CARLIZ MANAGEMENT, INC. | | |
| Principal Place of Business 432 WRIGHT DRIVE LAKE WORTH, FL 33461 | Mailing Address P. O. BOX 5929 LAKE WORTH, FL 33466 | |



02212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 20-1257757 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

6. Name and Address of Current Registered Agent

**CAMPOS, ITA J
432 WRIGHT DRIVE
LAKE WORTH, FL 33461**

**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

2/21/08

**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**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P.S CAMPOS, ITA J 432 WRIGHT DR LAKE WORTH, FL 33461 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CAMPOS, JOSE N 432 WRIGHT DRIVE LAKE WORTH, FL 33461 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS RIVERA, BRENDALEE L 132 BLOOMFIELD STREET SPRINGFIELD, MA 01108 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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03/05/08-80045-022 158.75

**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

Date

Daytime Phone #

2/21/08

901-585-8183