

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000030052

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** CRZ TECHNOLOGIES CORPORATION

**Current Principal Place of Business:**

7646 NW 114 PATH  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

7646 NW 114 PATH  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 37-1539554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAMIREZ, LUIS A  
988 SW 154TH PATH  
MIAMI, FL 33194 US

**Name and Address of New Registered Agent:**

TAX HOUSE CORPORATION  
1100 S FEDERAL HWY  
SECOND FLOOR  
DEERFIELD BEACH, FL 33442 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:** BRENO GOMES

04/30/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** MONTEIRO BEM, CESAR  
**Address:** 7646 NW 114 PATH  
**City-St-Zip:** DORAL, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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:** CESAR BEM

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date