2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048908

FILED Jan 04, 2008 Secretary of State

Entity Name: EZ MANAGEMENT 5028, INC.				
Current Principal Place of Business:		New Princ	New Principal Place of Business:	
3359 BELVEDERE RD STE 0 WEST PALM BEACH, FL 33406		0	3359 BELVEDERE RD O WEST PALM BEACH, FL 33406	
Current Mailing Address:		New Maili	New Mailing Address:	
3359 BELVEDERE RD STE 0 WEST PALM BEACH, FL 33406		0	3359 BELVEDERE RD O WEST PALM BEACH, FL 33406	
FEI Number: 56-2657256	FEI Number Applied For () FEI N	lumber Not App	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			Address of New Registered Agent:	
CARROLL, EDWARD 3359 BELVEDERE RD STE 0 WEST PALM BEACH, FL 33406 US		7028 SEVI #504	CARROLL, EDWARD 7028 SEVILLA CT. #504 CAPE CANAVERAL, FL 32920 US	
The above named en in the State of Florida		e of changing i	its registered office or registered agent, or both,	
SIGNATURE: EDWARD CARROLL			01/04/2008	
Electronic Signature of Registered Agent			Date	
Election Campaign Final	ncing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	PRES () Change (X) Addition CERVANTES, PLINIO 7572 VIA LURIA LAKE WORTH, FL 33467	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition ACOSTA, FREDY 1165 RIVERSIDE WALK CROSSING SUGARHILL, GA 30518	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	TR () Change (X) Addition FOLCHETTI, WILLIAM 1424 MAGLIANO DRIVE BOYNTON BEACH, FL 33436	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	SEC () Change (X) Addition CARROLL, EDWARD 7028 SEVILLA COURT B504 CAPE CANAVERAL, FL 32920	

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: WILLIAM FOLCHETTI 01/04/2008 TR