

2005 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90308 037 ***150.00

DOCUMENT # P92000007098

1. Entity Name

PEZZI INTERNATIONAL CORP.



Principal Place of Business

PEZZI INTERNATIONAL CORP.
10300 NW S RIVER DRIVE BAY 1
MIAMI FL 33178
US

Mailing Address

PEZZI INTERNATIONAL CORP.
10300 NW S RIVER DRIVE BAY 1
MIAMI FL 33178
US

30042664



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

10300 NW S. River Dr #1

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Medley FL

4. FEI Number

65-0371368

Applied For

Not Applicable

Zip

Country

Zip

Country

33178

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEZZI, HAROLD
8340 SW 32 TERRACE
MIAMI FL 33155

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

1-19-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State.

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME PEZZI, HAROLD
STREET ADDRESS 10300 NW S RIVER DRIVE BAY 1
CITY-ST-ZIP MEDLEY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME PEZZI, SHELLEY
STREET ADDRESS 10300 NW S RIVER DRIVE BAY 1
CITY-ST-ZIP MEDLEY FL

TITLE ☐ Change ☐ Addition
NAME SHELLEY
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #

Shelley Pezzi 1-19-05 (305) 805-7011