2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: ≤

Apr 09, 2004 8:00 am Secretary of State DOCUMENT # P92000007717 1. Entity Name 04-09-2004 90045 017 ***150.00 TRIZEK VILLAGE PLAZA, INC. Principal Place of Business Mailing Address 925 N. COURTENAY PARKWAY P.O. BOX 320637 24038984 **COCOA BEACH FL 32932-0637** MERRITT ISLAND FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3153066 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NOHRR, PHILLIP F 1800 W BIBISCUS BLVD Street Address (P.O. Box Number is Not Acceptable) STE 138 MELBOURNE FL 32901 City 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE President Delete Change NAME KODSI, MAURICE NAME Kodsi, Maunice Frazia 925 N. Courtenay PKWY #28 925 N. COURTENAY PARKWAY, SUITE 28 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP CITY-ST-ZIP oten Desen, Ft 32932-0219 Merritt Island, PL Delete TITLE Vice President / Secretary ☐ Addition KODSI, ROBERT NAME Kods: , Rubert 925 N. COURTENAY PARKWAY, SUITE 28 Para - 520 925 N- Courterey Drug # 28 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32953 CITY-ST-ZIP Merritt Island, FL 32953. Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

ROPERT 16005.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/04 Date

321-453-5360

FILED