


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90051 019 \*\*\*150.00

<b>DOCUMENT # P92000007717</b> 1. Entity Name TRIZEK VILLAGE PLAZA, INC.	
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Principal Place of Business 925 N. COURTENAY PARKWAY SUITE 28 MERRITT ISLAND, FL 32953 US	Mailing Address P.O. BOX 320637 COCOA BEACH, FL 32932-0637 US
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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3153066	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  NOHRR, PHILLIP F 1800 W BIBISCUS BLVD STE 138 MELBOURNE, FL 32901
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**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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 KODSI, MAURICE 925 N. COURTENAY PARKWAY, SUITE 28 MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS KODSI, ROBERT 925 N. COURTENAY PARKWAY, SUITE 28 MERRITT ISLAND, FL 32953
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 #

1/17/05

321-453-5360