2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P92000007717

TRIZEK VILLAGE PLAZA, INC.



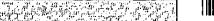
FILED Jan 14, 2008 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

925 N. COURTENAY PARKWAY SUITE 28 MERRITT ISLAND, FL 32953 P.O. BOX 320637

COCOA BEACH, FL 32932-0637 US





DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3153066 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOHRR, PHILLIP F 1800 W BIBISCUS BLVD **STE 138** MELBOURNE, FL 32901

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ъ.	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.	,
CI	CNATURE	

10.

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

INOTE: Registered Agent signature regulated when reinstation).

DATE

FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

55.00 May Be Added to Fees

TITLE KODSI, MAURICE NAME STREET ADDRESS 925 N. COURTENAY PARKWAY, SUITE 28 CITY-ST-ZIP MERRITT ISLAND, FL 32953 VPS TITLE KODSI, ROBERT NAME STREET ADDRESS 925 N. COURTENAY PARKWAY, SUITE 28 . MERRITT ISLAND, FL 32953 TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/68

Davrime Phone #