


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan-20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000034467</b>	
1. Entity Name <b>P.R.Z. SERVICE INDUSTRIES INC.</b>	

Principal Place of Business <b>18531 SW 58TH ST FT LAUDERDALE, FL 33332 US</b>	Mailing Address <b>18531 SW 58TH ST FT LAUDERDALE, FL 33332 US</b>
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**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0431545</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>ZICARELLI, PEGGY L 18531 SW 58TH ST FT LAUDERDALE, FL 33322</b>	
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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 *Peggy L Zicarelli* *Peggy L Zicarelli* *1-18-05*  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ZICARELLI, PEGGY L 18531C SW 58TH ST FT LAUDERDALE, F 33332
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ZICARELLI, RICHARD T 18531 SW 58TH ST FT LAUDERDALE, FL 33332
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Peggy L Zicarelli* *Peggy L Zicarelli* *1-18-05* *954 680 0502*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #