



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90018 030 ***150.00

DOCUMENT # P94000016865					
1. Entity Name E & Z LIMITED, INC.					
Principal Place of Business 2841 N. OCEAN BLVD., APT. 1803 FT. LAUDERDALE, FL 33308-7551			Mailing Address 2841 N. OCEAN BLVD., APT. 1803 FT. LAUDERDALE, FL 33308-7551		
2. Principal Place of Business 4440 GALT OCEAN DR Suite, Apt. #, etc. 1802		3. Mailing Address 4440 GALT OCEAN DR Suite, Apt. #, etc. 1802			
City & State FT LAUDERDALE, FL		City & State FT LAUDERDALE, FL		01152004 Chg-P CR2E034 (10/03)	
Zip 33308 Country U.S.		Zip 33308 Country U.S.		4. FEI Number 65-0471423	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent METROULAS, THOMAS A 2841 N. OCEAN BLVD., APT. 1803 FT. LAUDERDALE, FL 33308-7551			7. Name and Address of New Registered Agent Name Street Address (R.O. Box Number is Not Acceptable) 4440 GALT OCEAN DR #1802 City FT LAUDERDALE FL Zip Code 33308		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete METROULAS, THOMAS A 2841 N. OCEAN BLVD., APT. 1803 FT. LAUDERDALE, FL 333087551	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4440 GALT OCEAN DR #1802 FT LAUDERDALE FL 33308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete METROULAS, BARBARA A 2841 N. OCEAN BLVD., APT. 1803 FT. LAUDERDALE, FL 333087551	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4440 GALT OCEAN DR #1802 FT LAUDERDALE FL 33308		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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		1/19/04 Date		954-563-7257 Daytime Phone #	