

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90009 044 \*\*\*150.00

**54066157**



**DOCUMENT # P95000002912**

1. Entity Name  
**IREZUMI, INC. OF POMPANO BEACH**



Principal Place of Business  
**1650 N FEDERAL HWY  
POMPANO BEACH, FL 33062**

Mailing Address  
**PO BOX 018  
TANNERSVILLE, NY 12486**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**51 Mill Hill Rd**  
Suite, Apt. #, etc.

City & State  
**Woodstock NY**

Zip  
**12498**

07072004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0562433**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BART, BRUCE  
1650 NO FEDERAL HIGHWAY  
POMPANO BEACH, FL 33062**

7. Name and Address of New Registered Agent  
Name **Bart, Bruce**  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 (NOTE: Registered Agent signature required when reinstating) DATE **7-26-04**

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BART, BRUCE 1650 N FEDERAL HWY POMPANO BEACH, FL 33062 <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	VP REZENDE, KARYN 1650 N FEDERAL HWY POMPANO BEACH, FL 33062 <input checked="" 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
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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)(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: **7-26-04** **845-679-0007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #