

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90003 010 ***550.00

DOCUMENT # P95000015688

1. Entity Name
KAZI FOODS OF FLORIDA, INC.



Principal Place of Business
**54 NW 167TH STREET
MIAMI, FL 33169**

Mailing Address
**PO BOX 11239
ST THOMAS, VI 00801**

DO NOT WRITE IN THIS SPACE



06072005 No Chg-P CR2E034 (10/03)

4. FEI Number
52-1920382

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301-2525**

**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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	KAZI, ZUBAIR
STREET ADDRESS	PO BOX 11239
CITY-ST-ZIP	ST THOMAS, VI 00801
TITLE	A
NAME	DICELY, LEE
STREET ADDRESS	134 W CHOCOLATE AVE
CITY-ST-ZIP	HERSHEY, PA 17033
TITLE	S
NAME	SCANLAN, C
STREET ADDRESS	3671 SUNSWEPT DRIVE
CITY-ST-ZIP	STUDIO CITY, CA 91604
TITLE	Chief Financial Officer
NAME	Cooley, Michael
STREET ADDRESS	PO Box 11239
CITY-ST-ZIP	St Thomas VI 00801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

6-7-05

Date

340 714 7310

Daytime Phone #