

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

05 FEB 28 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000054232

1. Entity Name
CORZO ENTERPRISES, INC.



Principal Place of Business

16213 LAUREL DR.
WESTON, FL 33326 US

Mailing Address

16213 LAUREL DR.
WESTON, FL 33326 US

2. Principal Place of Business

3600 N.W. 37 Court

Suite, Apt. #, etc.

3. Mailing Address

3600 N.W. 37 Court

Suite, Apt. #, etc.

02072005

Chg-P

CR2E034 (10/03)

MRS

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

33142

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EISENBERG, LL
3600 N.W. 37 COURT
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS EISENBERG, LL
CITY-ST-ZIP 3600 N.W. 37 COURT
MIAMI, FL 33142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

000048442130
03/15/05--01027--022 **950.00

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

022205