

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90050 024 \*\*\*150.00

<b>DOCUMENT # P95000071011</b>					
<b>1. Entity Name</b> JATZ INTERNATIONAL, CORP.					
<b>Principal Place of Business</b> 8045 NW 36TH ST STE 500 B MIAMI, FL 33166 US			<b>Mailing Address</b> P.O. BOX #143983 CORAL GABLES, FL 33164-3983 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 9831 NW 58 STREET		<b>3. Mailing Address</b> 9831 NW 58 ST			
Suite, Apt. #, etc. UNIT # 129		Suite, Apt. #, etc. UNIT # 129			
City & State DORAL, FL		City & State DORAL, FL			
Zip 33178	Country DADE	Zip 33178	Country DADE		
<b>6. Name and Address of Current Registered Agent</b>  TELLEZ, YIMY WALTER A 9924 NW 29 TERR MIAMI, FL 33172			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TELLEZ, YIMY WALTER A 8290 LAKE DR., #411 MEDLEY, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TELLEZ, YIMY WALTER A. 9924 NW 29 TERR. DORAL, FL 33172	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TELLEZ, MERCEDES 8290 LAKE DR., #411 MEDLEY, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TELLEZ MERCEDES 9924 NW 29 TERR. DORAL, FL 33172	
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	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>Mercedes Tellez</i>			02/21/07 (305) 592 50 30		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



02202007 Chg-P CR2E034 (12/06)

**4. FEI Number**  
65-0633783

☐ Applied For  
☐ Not Applicable

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