

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000005249

1. Entity Name
RIZ ENTERPRISES, INC.



Principal Place of Business
**1958 S.E. PORT SAINT LUCIE BLVD.
PORT ST LUCIE, FL 34952 US**

Mailing Address
**1958 S.E. PORT SAINT LUCIE BLVD.
PORT ST LUCIE, FL 34952 US**



03302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0637768** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIZZOLO, JANET P
1958 S.E. PORT ST. LUCIE BLVD.
PORT ST LUCIE, FL 34952**

**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 renovating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RIZZOLO, JANET P
STREET ADDRESS	1783 NW SHORE TER
CITY-ST-ZIP	STUART, FL 34994
TITLE	VPD
NAME	RIZZOLO, LOUIS
STREET ADDRESS	1783 NW SHORE TER
CITY-ST-ZIP	STUART, FL 34994
TITLE	STD
NAME	RIZZOLO, JAMES
STREET ADDRESS	910 NW 11TH TER
CITY-ST-ZIP	STUART, FL 34994
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 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Rizzolo

3/30/06

DATE

772-337-9100

DAYTIME PHONE