# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000027032

1. Entity Name
KANZYME LABORATORIES INC.

**FILED**
**Jul 05, 2007 08:00 AM**
**Secretary of State**

| Principal Place of Business | Mailing Address |
|---|---|
| 13022 SW 128TH STREET<br>MIAMI, FL 33186 | 13022 SW 128TH STREET<br>MIAMI, FL 33186 |

07032007 No Chg-P CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
65-0759830

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NWANICWO, DONALD DR.
15452 SW 146 TERR.
MIAMI, FL 33196

**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 $150.00**
**Due by September 14, 2007**

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

| | |
|---|---|
| TITLE | P |
| NAME | NWANKWO, DONALD DR. |
| STREET ADDRESS | 15452 SW 146TH TERR |
| CITY-ST-ZIP | MIAMI, FL 33196 |
| TITLE | D |
| NAME | NWANKWO, BERNICE |
| STREET ADDRESS | 15452 SW 146TH TERR |
| CITY-ST-ZIP | MIAMI, FL 33196 |
| TITLE | D |
| NAME | NWANKWO, VICTOR |
| STREET ADDRESS | 14241 SW 163RD ST. |
| CITY-ST-ZIP | MIAMI, FL 33187 |
| TITLE | D |
| NAME | NWANKWO, SOLOMON |
| STREET ADDRESS | 15452 SW 146TH TERR |
| CITY-ST-ZIP | MIAMI, FL 33196 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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07/05/07-80004-001 150.00

**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:** DR. DONALD NWANKWO 7/3/07 305-252-9927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #