

ANNUAL REPORT (AR)

DOCUMENT # P97000003586



1. Entity Name
O.J.Z. CORPORATION

Principal Place of Business
2518 N.E. 2ND AVENUE
MIAMI FL 33137

Mailing Address
2518 N.E. 2ND AVENUE
MIAMI FL 33137

FILED
Jan 29, 2007 08:00 AM
Secretary of State



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0814048

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

RESTREPO, FABIOLA
2518 N.E. 2ND AVENUE
MIAMI FL 33137

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	RESTREPO DE ZULETA, GLADYS	
STREET ADDRESS	2518 N.E. 2ND AVENUE	
CITY- ST- ZIP	MIAMI FL 33137	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ZULETA, OSCAR ALFONSO	
STREET ADDRESS	2518 N.E. 2ND AVENUE	
CITY- ST- ZIP	MIAMI FL 33137	
TITLE	DV	<input type="checkbox"/> Delete
NAME	ZULETA, JUAN CARLOS	
STREET ADDRESS	2518 N.E. 2ND AVENUE	
CITY- ST- ZIP	MIAMI FL 33137	
TITLE	S	<input type="checkbox"/> Delete
NAME	RESTREPO, FABIOLA	
STREET ADDRESS	2518 N.E. 2ND AVENUE	
CITY- ST- ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000607497	
STREET ADDRESS	01/31/07-80041-009 150.00	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

01-23/07 3059769608

Date

Daytime Phone #