### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # P97000017219**

1. Entity Name

**BAUZA CORPORATION** 



Principal Place of Business

4041 SW 99TH AVE MIAMJ, FL 33165 Mailing Address

4041 SW 99TH AVE MIAMI, FL 33165

### FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90354 015 \*\*\*150.00



04202004

No Chg-P

CR2E034 (10/03)

4, FEI Number 65-0736822

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUZA, JORGE 3347 SW 4TH ST. MIAMI, FL 33135

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8.	The above named entity submits this state	ement for	the purpose	of changing its (	egistered office o	or registered agent,	or both, in the State	of Florida.	i am familiar wi	th, and accept
	the obligations of registered agents -	1	ingle great							
					31 2.56		- 1			

SIGNATUR

Sign

include, typed or present number registered agent and line

--- (NOTE: Registered Agent signature required when reinstating)

DATE

#### FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUZA, JORGE A 3347 SW 4TH ST. MIAMI, FL 33135.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUZA, JUANA M 3347 SW 4TH SJ. MIAMI, FL 33135
TITLE NAME - STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADORESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 arress, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECT

4-27-04

305 221 2822

Date

Daytime Phone #