

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90261 013 ***150.00

DOCUMENT # P97000094026

1. Entity Name
RENZI BUILDING, INC.



20040838



Principal Place of Business
3052 S.W. 27TH AVENUE
SUITE 101
MIAMI, FL 33133

Mailing Address
3052 S.W. 27TH AVENUE
SUITE 101
MIAMI, FL 33133

2. Principal Place of Business
2200 SOUTH DIXIE HWY
Suite, Apt. #, etc.
SUITE # 705
City & State
COCONUT GROVE, FL
Zip
33133
Country
DADE

3. Mailing Address
2200 SOUTH DIXIE HWY
Suite, Apt. #, etc.
SUITE # 705
City & State
COCONUT GROVE, FL
Zip
33133
Country
DADE

04182005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0797339

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
RENZI, PASQUALE
3052 S.W. 27TH AVENUE
SUITE 101
MIAMI, FL 33133

7. Name and Address of New Registered Agent
Name
Pasquale Renzi
Street Address (P.O. Box Number is Not Acceptable)
2200 S. Dixie Highway # 705
Miami
City
FL Zip Code
33133

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 Pasquale Renzi 4/15/05
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENZI, RENZO		NAME		
STREET ADDRESS	201 CRANDON BLVD. #163		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE, FL 33149		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P. Pasquale Renzi	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENZI, PASQUALE		NAME	7120 W. Lago Drive	
STREET ADDRESS	2642 NATOMA STREET		STREET ADDRESS	Coral Gables, FL, 33143	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 address, with all other like empowered.

SIGNATURE: Pasquale Renzi 4/15/05 305-858-2286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #