

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000094080

Entity Name: WIZ REALTY, INC.

FILED  
Mar 23, 2006  
Secretary of State

**Current Principal Place of Business:**

813 N. NOB HILL RD  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

813 N. NOB HILL RD  
PLANTATION, FL 33324

**New Mailing Address:**

FEI Number: 65-0791566

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TORCHIN, DAVID CPA  
8211 WEST BROWARD BLVD., STE. 200  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

TORCHIN, DAVID CPA  
5531 NORTH UNIVERSITY DR.  
CORAL SPRINGS, FL 33076 US

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.

SIGNATURE: DAVID TORCHIN

03/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: OZ, MICHAL  
Address: 11010 N.W. 3RD STREET  
City-St-Zip: PLANTATION, FL 33324

Title: VD ( ) Delete  
Name: MANSOUR, SHALOM  
Address: 5530 N.W. 44TH STREET #106C  
City-St-Zip: LAUDERHILL, FL 33319

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: OZ, MICHAL  
Address: 5531 NORTH UNIVERSITY DR.  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VD (X) Change ( ) Addition  
Name: MANSOUR, SHALOM  
Address: 5531 NORTH UNIVERSITY DR.  
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAL OZ

PD

03/23/2006

Electronic Signature of Signing Officer or Director

Date