

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000094080

Entity Name: WIZ REALTY, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

813 N. NOB HILL RD
PLANTATION, FL 33324

New Principal Place of Business:

8551 W. SUNRISE BLVD
105 H
PLANTATION, FL 33322

Current Mailing Address:

813 N. NOB HILL RD
PLANTATION, FL 33324

New Mailing Address:

P.O.BOX 17648
PLANTATION, FL 33318

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
5531 NORTH UNIVERSITY DR.
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

D

04/29/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date