

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000035151

1. Entity Name  
CIROZ FLORIDA, INC.



FILED

04 MAY 20 AM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05102004 Chg-P CR2E034 (10/03)

Principal Place of Business 701 BRICKELL AVE. SUITE 3000 MIAMI, FL 33131		Mailing Address 701 BRICKELL AVE. SUITE 3000 MIAMI, FL 33131	
2. Principal Place of Business 701 Brickell Avenue Suite, Apt. #, etc. Suite 1650 City & State Miami FL Zip 33131		3. Mailing Address 701 Brickell Avenue Suite, Apt. #, etc. Suite 1650 City & State Miami FL Zip 33131	
Country USA		Country USA	

4. FEI Number  
65-0829822

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 3000 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Law Center of the Americas, LLC Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue Suite 1650 City Miami FL Zip Code 33131	
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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 Steven H. Hagen Law Center of the Americas, LLC  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
Steven H. Hagen, Vice President 5-10-04  
DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	PDAS JAYET, ARLETTE 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDAS JAYET, ARLETTE 701 BRICKELL AVENUE, SUITE 1650 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JAYET, ANDRE 701 BRICKELL AVE., SUITE 3000 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS JAYET, ANDRE 701 BRICKELL AVENUE, SUITE 1650 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAGEN, STEVEN H 701 BRICKELL AVENUE STE 3000 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAGEN, STEVEN H 701 BRICKELL AVENUE, SUITE 1650 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700037435757 <input type="checkbox"/> Change <input type="checkbox"/> Addition 06/01/04--01011--008 **\$50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Steven H. Hagen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/04  
Date

305-577-3443  
Daytime Phone #