


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000101734 1. Entity Name FRAGUZ CORP.	
---	---

Principal Place of Business 6508 MOONSHELL CT. ORLANDO, FL 32819	Mailing Address 6508 MOONSHELL CT. ORLANDO, FL 32819
--	--

DO NOT WRITE IN THIS SPACE



02242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3565190	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**GUZMAN, MARIA I
6508 MOONSHELL CT.
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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 *Maria I Guzman* 2/24/05
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUZMAN, FRANCISCO 6508 MOONSHELL CT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GUZMAN, MARI I 6508 MOONSHELL CT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUZMAN, FRANCISCO JR 6565 HIDDEN BEACH BLVD. ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN, DAMARY 6508 MOONSHELL CT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, AGNERI 5214 CONCH CT ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000245187
02/28/05 0015-015 150.00

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: *Maria I Guzman* 2/24/05 407578-5693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #