


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P99000028165 1. Entity Name KRAZIEM PROPERTIES, CORP. |  |
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|---|---|
| Principal Place of Business 9495 SW 72 STREET B-230 MIAMI, FL 33173 US | Mailing Address 9495 SW 72 STREET B-230 MIAMI, FL 33173 US |
|---|---|

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

| | |
|---|--------------------------------|
| 4. FEI Number 65-0907043 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SUEIRAS, ALBERT
9495 SW 72 STREET
SUITE B-230
MIAMI, FL 33176

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 SUEIRAS, ALBERT 9495 SW 72 ST. #B230 MIAMI, FL 33173 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VTD SIRVEN, JOSE L 10700 SW 95 ST. MIAMI, FL 33173 |
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01/09/04-80002-010 150.00

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IN THIS SPACE**

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:  **1/6/04** **279 7655**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #