

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90265 028 ***150.00

DOCUMENT # P99000064181

1. Entity Name
ISAZA PINZON, INC.



Principal Place of Business
9260 SW 72ND STREET
NO 206
MIAMI, FL 33173

Mailing Address
1101 BRICKELL AVE STE 1100
MIAMI, FL 33131

20041023



2. Principal Place of Business

3. Mailing Address

9260 S.W. 72 STREET
Suite, Apt. #, etc. #257

9260 S.W. 72 STREET
Suite, Apt. #, etc. #257

04182005 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
65-0934752

Applied For
Not Applicable

Zip 33173 Country DAA05

Zip 33173 Country DAA05

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAROUH, ALBERTO
9260 SW 72ND ST #206
MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

9260 S.W. 72 STREET
Suite 257

City

MIAMI

FL

Zip Code

33173

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

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 D ☐ Delete
NAME ISAZA, OSCAR
STREET ADDRESS 2950 KENDON LANE
CITY-ST-ZIP WESTON, FL 33331

TITLE D ☐ Delete
NAME PINZON, AMPARO
STREET ADDRESS 2950 MEADOW LANE
CITY-ST-ZIP WESTON, FL 33331

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Amparo Pinzon A.P. PRESIDENT. 4/20/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #