



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90010 005 ***150.00

| | | | | | |
|---|--|---|---|--|--|
| DOCUMENT # S95462 1. Entity Name SANZ, INC. | | | |  | |
| Principal Place of Business 531 MICHIGAN AVE. MIAMI BEACH, FL 33139 | | | Mailing Address 537 MICHIGAN AVE MIAMI BEACH, FL 33139 | | |
| 2. Principal Place of Business 537 Michigan Ave Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State Miami Beach | | City & State | | 4. FEI Number 65-0301690 | |
| Zip FL | | Country 33139 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SANCHEZ, ERNESTO 180 W. 50 ST. HIALEAH, FL 33012 | | | | 7. Name and Address of New Registered Agent Name Ernesto Sanchez Street Address (P.O. Box Number is Not Acceptable) 18545 SW 24 ST City Miramar FL Zip Code 33029 | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P <input type="checkbox"/> Delete NAME SANCHEZ, ERNESTO STREET ADDRESS 180 W. 50 ST. CITY-ST-ZIP HIALEAH, FL | | | TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Ernesto Sanchez STREET ADDRESS 18545 SW 24 ST CITY-ST-ZIP Miramar, FL 33029 | | |
| TITLE S <input type="checkbox"/> Delete NAME SANCHEZ, CONSUELO STREET ADDRESS 180 W. 50 ST CITY-ST-ZIP HIALEAH, FL | | | TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Consuelo Sanchez STREET ADDRESS 18545 SW 24 ST CITY-ST-ZIP Miramar, FL 33029 | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | | | TITLE <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 1-7-04 Daytime Phone # 305-531-3651 | | |