

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90040 007 \*\*\*150.00

**DOCUMENT # V00994**

1. Entity Name

DE ZAYAS INTERNATIONAL CORPORATION



Principal Place of Business

3350 NW 54 ST.  
MIAMI FL 33142

Mailing Address

3350 NW 54 ST.  
MIAMI FL 33142

44041030



MOORE CR2E034 (11/03)

2. Principal Place of Business

3500 NW 52 ST.

3. Mailing Address

3500 NW 52 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI - FL

4. FEI Number

65-0309231

Applied For

Not Applicable

Zip

33142

Country

Zip

33142

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DE ZAYAS, CARLOS D.  
3350 NW 54 ST.  
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name

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

3500 NW 52 ST.

City  
MIAMI

FL

Zip Code  
33142

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete  
NAME DE ZAYAS, CARLOS E  
STREET ADDRESS 330 E 57TH STREET  
CITY-ST-ZIP HIALEAH FL 33013

TITLE SD ☐ Delete  
NAME DE ZAYAS, CARMEN R  
STREET ADDRESS 330 E 57TH STREET  
CITY-ST-ZIP HIALEAH FL 33013

TITLE PD ☐ Delete  
NAME DE ZAYAS, CARLOS D  
STREET ADDRESS 330 EAST 57 STREET  
CITY-ST-ZIP HIALEAH FL 33013

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS D. DE ZAYAS

Date

03/25/04 (305) 636-2654

Daytime Phone #