2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 07, 2005 8:00 am Secretary of State

DOCUMENT # V33918 1. Entity Name RUZAM, INC.					02-07-2005 90097 017 ***150.00				
Principal Place of Business			Mailing Address 7AAO CW 190TH M/F 9780SW [4]DL						
7440 SW 130TH AVE			140 SW 130TH AVE			P 0044			
MIAMI, FL 33183 US		M	MIAMI, FL-33183 US M 1AMI, FL 33176		50011484				
9780 SW 1410R.									
2. Principal Place of Business 3. Mailing Addres			Aniling Address						
3. In this particles of business			iding Addiess				t minit minit minu minit minit my	IIIBAI II TUBI	
Suite, Apt. #, etc.		S	Suite, Apt. #, etc.		01102005	Chg-P	CR2E034 (10/03)		
City & State		- · · · · ·	· City & State		4. FEI Number 65-0348	•	⊢	pplied For ot Applicable	
Zip " Country		Z	iρ	Country	5. Certificate of Status Desired		\$8.75 Ad		
		3					Fee Require	ed	
	6. Name and Address of C	urrent Regist	ered Agent		7. Name and A	ddress of New R	Registered Agent		
1443UD D	ODEDI D	**		Name -	Name ·				
MAZUR, ROBERT D 7 440 SW 130TH AVE				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI-FE 33183					onout nourous (1.0, but mainour is not Acceptable)				
978051	WITION					,			
MIAMIFL 33176				City			Zip Cod	te	
711/1911/19 0 37/74				Oity			FL Zip Coo		
	named entity submits this state ions of registered agent.	ment for the p	urpose of changing its re	egistered affice or regis	tered agent, or both	, in the State of Flo	orida. 1 am familiar with	, and accept	
SIGNATURE									
	Signature, typed or printed name of register	red agent and title if	applicable. (NOTE: F	Registered Agent signature requi	red when reinstating)		DATE	·····	
FIL After Ma	E NOW!!! FEE IS \$150. ay 1, 2005 Fee will be \$	00 \$550.00	9. Election Campaign Trust Fund Contrib		5.00 May Be dded to Fees				
10. OFFICERS AND DIRECTO			TORS	11. ADDITIONS/CHANGES TO O			ICERS AND DIRECTOR	RS IN 11	
TITLE	Р		☐ Delete	TIFLE			☐ Change	☐ Addition	
NAME	MAZUR, ROBERT	978054	JUIDA	NAME)	
STREET ADDRESS	SI TO LOT TOUTH AVE			STREET ADDRESS					
CITY-ST-ZIP	MAMI, FL	ן נומצוווי	V33/16	CITY-ST-ZIP					
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CITY-ST-ZIP				CITY-ST-ZIP					
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NAME			□ Detete	NAME	*		- Ondrige	ADDITION	
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CITY-ST-ZIP		-		· CITY-ST-ZiP `					
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STREET ADDRESS				STREET ADDRESS	· ·		• •	. ,	
CITY-ST-ZIP				CITY-ST-ZIP				•	
12. I hereby	certify that the information suppl	lied with this fil	ing does not qualify for t	he exemption stated in	Section 119.07(3)(i)	, Florida Statules	I further certify that the	information	
indicated	on this report or supplemental reporation or the receiver or truste, or on an attachment with an ac	report is true a	nd accurate and that my to execute this report a	signature shall have the signature of th	ne same legal effect 607, Florida Statutes	as if made under ; and that my nam	oath; that I am an office ne appears in Block 10 o	r or director— or Block 11 if	