

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000087268

Entity Name: BUZZIZ CORP**Current Principal Place of Business:**347 MELTON DR
HOME
FORT PIERCE, FL 34982**Current Mailing Address:**347 MELTON DR
HOME
FORT PIERCE, FL 34982 UN**FEI Number:** 83-0793475**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BUZZIZ, CARLOS E
347 MELTON DR
HOME
FORT PIERCE, FL 34982 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title P
Name BUZZIZ, CARLOS
Address 347 MELTON DR
City-State-Zip: FORT PIERCE FL 34982Title P
Name BUZZIZ, CARLOS E
Address 347 MELTON DR
City-State-Zip: FORT PIERCE FL 34982Title VP
Name BUZZIZ, BEATRIZ
Address 347 MELTON DR
City-State-Zip: FORT PIERCE FL 34982Title P
Name BUZZIZ, CARLOS
Address 347 MELTON DR
City-State-Zip: FORT PIERCE FL 34982Title VP
Name BUZZIZ, CARLOS
Address 347 MELTON DR
City-State-Zip: FORT PIERCE FL 34982Title P
Name BUZZIZ, CARLOS E
Address 347 MELTON DR
City-State-Zip: FORT PIERCE FL 34982

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARLOS BUZZIZ

P

01/19/2020

Electronic Signature of Signing Officer/Director Detail_____
Date