


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000114771
1. Entity Name
R2Z INVESTMENTS, INC.



Principal Place of Business
1441 NW NORTH RIVER DRIVE
MIAMI, FL 33125

Mailing Address
1441 NW NORTH RIVER DRIVE
MIAMI, FL 33125

DO NOT WRITE IN THIS SPACE



04092004 No Chg-P CR2E034 (10/03)

4. FEI Number
32-0030228 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ZELAYA, MARIA A
1441 NW NORTH RIVER DRIVE
MIAMI, FL 33125

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IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000111954
04/14/04-80003-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ROSADO, VIVIAN
STREET ADDRESS	1441 NW NORTH RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	DV
NAME	ROSADO, CONCEPCION
STREET ADDRESS	1441 NW NORTH RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	DS
NAME	RODRIGUEZ, CORALIA J
STREET ADDRESS	1441 NW NORTH RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	D
NAME	ZELAYA, MARIA A
STREET ADDRESS	1441 NW NORTH RIVER DRIVE
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  President 4/9/04 (305) 324-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #