


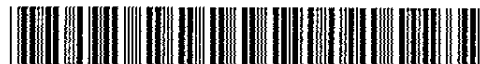
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000005264 1. Entity Name BELZONA, INC.	
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Principal Place of Business 2000 N.W. 88TH COURT MIAMI, FL 33172	Mailing Address 2000 N.W. 88TH COURT MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-2525267	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, DENNIS R
2000 NW 88TH COURT
MIAMI, FL 33172

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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

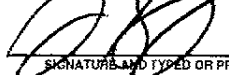
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000072700
 03/02/04-80005-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, MALCOLM 2000 N.W. 88TH COURT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATON, JOHN 2000 NW 88 CT MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SVENDSEN, JOEL 2000 NW 88 CT MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SVENDSEN, J C L 2000 NW 88 CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUXTON, STEPHEN 2000 NW 88 CT MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **2/26/04** **3054363789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #