


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2004 08:00 AM
Secretary of State

DOCUMENT # J26058 1. Entity Name E-Z TAN, INC.	
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Principal Place of Business 21073 POWERLINE RD., SUITE 63 BOCA RATON, FL 33433	Mailing Address 21073 POWERLINE RD., SUITE 63 BOCA RATON, FL 33433
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DO NOT WRITE IN THIS SPACE

03012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2544499	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

POGGI, MICHAEL
21073 POWERLINE RD., SUITE 63
BOCA RATON, FL 33433

**DO NOT WRITE
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: Michael Poggi DATE: 3/29/04
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

U00000104422
04/06/04-80010-004 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POGGI, MICHAEL 21073 POWERLINE RD., SUITE 63 BOCA RATON, FL 33433
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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 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 empowerments.

SIGNATURE: Michael Poggi DATE: 3/29/04 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR