


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90512 001 ***300.00

DOCUMENT # P00000033632

1. Entity Name
 EZTARIFF.COM, INC.



Principal Place of Business: ~~6363 TAFT STREET SUITE 309 HOLLYWOOD, FL 33024~~

Mailing Address: ~~6363 TAFT STREET SUITE 309 HOLLYWOOD, FL 33024~~

66414584



2. Principal Place of Business: 12450 WEST ATLANTIC BLVD

3. Mailing Address: "SAME"

Suite, Apt. #, etc.: "SAME"

03292004 Chg-P CR2E034 (10/03)

City & State: CORAL SPRINGS, FL

City & State: "SAME"

Zip: 33071 Country: USA

Zip: 33071 Country: USA

4. FEI Number: 65-1093212

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

DE BRAGA, JOE
 6363 TAFT STREET
 SUITE 309
 HOLLYWOOD, FL 33024

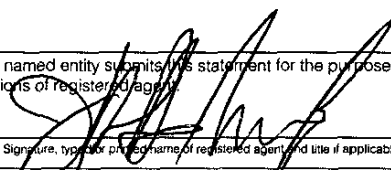
7. Name and Address of New Registered Agent

Name: JOSE DE BRAGA

Street Address (P.O. Box Number is Not Acceptable):
 12450 WEST ATLANTIC BLVD

City: CORAL SPRINGS FL Zip Code: 33071

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:  J.R. DE BRAGA 4/21/04

(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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DE BRAGA, JOE	
STREET ADDRESS	6363 TAFT STREET SUITE 309	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	P	<input type="checkbox"/> Delete
NAME	LE BLANC, EDWARD J	
STREET ADDRESS	6363 TAFT STREET SUITE 309	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSTON, BRENDA	
STREET ADDRESS	6363 TAFT STREET SUITE 309	
CITY-ST-ZIP	HOLLYWOOD, FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	12450 WEST ATLANTIC BLVD
CITY-ST-ZIP	CORAL SPRINGS, FLORIDA 33071
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	12450 WEST ATLANTIC BLVD
CITY-ST-ZIP	CORAL SPRINGS, FLORIDA 33071
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	12450 WEST ATLANTIC BLVD
CITY-ST-ZIP	CORAL SPRINGS, FLORIDA 33071
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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:  J.R. DE BRAGA 4/21/04 954340 8886

SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #