2005 FOR FROFIT CORPORATION ANNUAL REPORT

FILED Jan 19, 2005 08:00 AM Secretary of State

	1. Entity Nar	MENT # POZOOUO 15 RODUCTS, INC.	90			Secre	lary or S	tate	
DO NOT WRITE IN THIS SPACE 4. FEI Number 22-3866341	1620 N.W.	21ST STREET	81 NW 40TH ST						
DE LOS SANTOS, MIGUEL ANTONIO 81 N.W. 40TH STREET MIAMI, FL 33127 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 at the obligations of registered agent. SIGNATURE Signaffre, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be	I	,	CE	01072005 4. FEI Number 22-386	No Chg-P er 6341	CR2E034 (10	/03) Applied For Not Applicate Additional	ole	
the obligations of registered agent. SIGNATURE OWNER ALLIS TO Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be	81 N.W. 4	SANTOS, MIGUEL ANTONIO 10TH STREET	istered Agent						
1 1 LL 10 11 11 1 1 1 1 1 1 1 1 1 1 1 1	the obligations of registered agent. SIGNATURE GENOVER DE 615 als				01/13/05				
	Fil After M	E NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.00			.00 May Be led to Fees				
10. OFFICERS AND DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD DE LOS SANTOS, MIGUEL ANTON 81 N.W. 40TH STREET MIAMI, FL 33127 VD DE LOS SANTOS, GENOVEVA				U00000 01/20/05~	184955 80050-013	150.00	-
CITY-ST-ZIP MIAMI, FL 33127 TIITE STD DE LOS SANTOS, MARITZA STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33127 DO NOT WRITE IITLE NAME IN THIS SPACE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI, FL 33127 STD DE LOS SANTOS, MARITZA 81 N.W. 40TH STREET		-					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP TITLE NAME STREET ADDRESS								
TITLE 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 function 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 changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cor	rporation or the receiver or trustee empower	and accurate and that my signa of to execute this report as regul						,