

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000070385

Entity Name: PRIZREN INC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

6837 4TH STREET NORTH
ST PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

6837 4TH STREET NORTH
ST PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 20-2892841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAXPROS ACCOUNTING SERVICES, INC
7901 4TH STREET NORTH
101
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

OSMAKAC, ASLLAN
6837 4TH STREET NORTH
ST PETERSBURG, FL 33702 US

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.

SIGNATURE: ASLLAN OSMKAC

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OSMKAC, ASLLAN
Address: 6837 4TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ASLLAN OSMKAC

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date