P06000006902

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SECRETARY OF STATE

RY OF STATE



COVER LETTER

TO: Amen Divisi	dment Section of Corporations	
SUBJECT:	CZAN, INC. (Name of Corpo	ration)
	D00000000	
DOCUMENT	NUMBER: P06000006902	
The enclosed	Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please return a	all correspondence concerning this matter to t	he following:
	NADIN RUIZ	
	(Name of Contact	Person)
	PRICE ADVANTAGE (Firm/Compa	ny)
	269 N UNIVERSITY DR. SUIT (Address)	
PEMBROKE PINES, FL., 33024		
	(City/State and Zi	p Code)
For further inf	formation concerning this matter, please call:	
NADIN RUI	Z (Name of Contact Person)	(954) 9838383 (Area Code & Daytime Telephone Number)
Enclosed is a S	\$35.00 check made payable to the Departmen	t of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA are to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: CZAN,INC.
	office address: 4544 N HIATUS RD., SUNRISE, FL., 33351
3. The mailing a	address (if different): 269 N UNIVERSITY DR. SUITE B, PEMBROKE PINES, FL., 33024
4. Date of incor	poration/qualification: Document number: P06000006902
	d street address of the current registered agent and registered office on file with the rtment of State:
	CARLOS LACERDA
	13771 SW 24TH. ST., DAVIE, FL., 33325
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office WAGNER SANTORO FILE OF OCT 30 PRINTS AND
	WAGNER SANTORO
	1541 SW 56TH. AVE., PLANTATION, FL.,33317 (P.O. Box NOT acceptable)
	DA 15
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
	GOISON G. CORTEZ FICHO - PROSIDENT (Printed or typed name and title)
I hereby accept I further agree of my duties, ar document is be	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the seen now the confirmation of this change.
	OCT 25 2006 (Date)
	Enature of Reflistered Agent) (Date) Thalf of an entity:
WAGNE TO	_ •
	Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *