


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90120 004 ***150.00

DOCUMENT # P99000083333
1. Entity Name Cazi International, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1619 Rankin Ave 3. Mailing Address 1619 Rankin Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Orlando, FLA. City & State Orlando FL

4. Fed Number 59-3601342 Applied For
Not Applicable

Zip 32810 Country USA Zip 32810 Country USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Robert Castro
Street Address (P.O. Box Numbers Not Acceptable) 1619 Rankin Ave
City Orlando FL Zip Code 32810

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 Robert Castro DATE 4/7/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME Pres. Robert Castro
STREET ADDRESS 1619 Rankin Ave
CITY-ST-ZIP Orlando, FL 32810

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Ronald Zitta
STREET ADDRESS 1781 Semoran Blvd
CITY-ST-ZIP Winter Park FL 32792

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 4/7/03 DAYTIME PHONE # 407 678 6789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)