2008 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

SIGNATURE

Feb 13, 2008 08:00 AM Secretary of State **DOCUMENT # 502552** Z. HAYDU MFG. CORP. Principal Place of Business Mailing Address 1980 GRANT ST. HOLLYWOOD FL 33020 1980 GRANT ST. HOLLYWOOD FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1674328 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LASCIO, RUDOLPH M., JR., ESQ. Street Address (P.O. Box Number is Not Acceptable) 5798 JOHNSON ST. HOLLYWOOD FL 33021 City Zip Code 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 Signature, typod or primed name of registered agent and title if amplicable. (NOTE: Registrated Agent eightfund required when reinstitut g) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD ☐ Delete TITLE ☐ Change Addition NAME HAYDU, JAMES H. NAME HARQOO826678 STREET ADDRESS 1980 GRANT STREET. STREET ADDRESS 02/21/08-80058-023 150.00 CITY-ST-ZIP HOLLYWOOD FL CHY-ST-ZIP TITLE ☐ Delete Addition ☐ Change NAME MEJIA, ANA STREET ADDRESS 1980 GRANT STREET STREET ADDRESS CITY - ST-ZIP HOLLYWOOD FL CITY - ST - ZIP THE VΡ Acidition Deiete Change NAME HAYDÜ, JOHN P. NAME STREET ADDRESS 1980 GRANT STREET STREET ADDRESS CITY-ST-ZIP CHY-ST-7P HOLLYWOOD FL MILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-2# TITLE De ete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 activess, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

FILED

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