


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G57732 1. Entity Name TIZA CORP.					
Principal Place of Business 244 SOUTHWEST 107TH AVE. SWEETWATER, FL 33174-1420				Mailing Address 244 SOUTHWEST 107TH AVE. SWEETWATER, FL 33174-1420	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MUNERO, MARIA A 244 S.W. 107TH AVENUE MIAMI, FL 33174				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNERO, MARIA A		NAME	MUNERO MARIA A.	
STREET ADDRESS	2951 SW 139 AVENUE		STREET ADDRESS	14361 S.W. 31th Street	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, Florida 33175	
TITLE	VS <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNERO, MARIA A		NAME	Munero MARIA A.	
STREET ADDRESS	2951 SW 107TH AVENUE		STREET ADDRESS	14361 S.W. 31th Street	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	Miami, Florida 33175	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.					
SIGNATURE: <u>Maria A Munero PRES.</u> 4/28/07 (205) 442-8023 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED

2007 JUN -6 PM 3:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01252007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2334802 Applied For Not Applicable

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

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06/15/07--01036--006 **150.00