2005 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT (AR)** Mar 15, 2005 8:00 am DOCUMENT # J26691 **Secretary of State** 1. Entity Name 03-15-2005 90022 033 ***150.00 BZB, INC. Principal Place of Business Mailing Address % WILLIAM S. JONASSEN 10785 ULMERTON ROAD % WILLIAM S. JONASSEN 10785 ULMERTON ROAD LARGO FL 33778-**LARGO FL: 34648-**US 2. Principal Place of Business 3. Mailing Address 604 Druid Road E. 604 Druid Road E. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2693807 Clearwater, Fl. 33756 Clearwater, Fl. Not Applicable 33756 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 JONASSEN, WILLIAM S. 19785 ULMERTON ROAD Street Address (P.O. Box Number is Not Acceptable) 604 Druid Road E. LARGO FL 33778 Zip Code 33756 Clearwater 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 familie, with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD ☐ Delete TITLE Change Addition BEREZA, BOGDAN NAME NAME STREET ADDRESS STREET ADDRESS 6585 126th Avenue N., Unit #1 CITY-ST-ZIP CITY-ST-ZIP Largo, Florida -34643 ---SD ... TITLE ☐ Delete TITI F ☐ Addition BEREZA, SOFIA NAME NAME >6585 126th Ave. N., Unit #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Detete TITLE ☐ Addition NAME NAME

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 to 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 to 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 to 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 to 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 to 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 to supplemental report is true.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: ..

BOGDAN

STREET ADDRESS

ING OFFICER OR DIRECTOR Be REZA