

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J26691

Entity Name: BZB, INC.

FILED  
Apr 09, 2009  
Secretary of State

## Current Principal Place of Business:

1446 COURT STREET  
CLEARWATER, FL 33756 US

## New Principal Place of Business:

## Current Mailing Address:

604 DRUID ROAD, EAST  
10785 ULMERTON ROAD  
CLEARWATER, FL 33756 US

## New Mailing Address:

FEI Number: 59-2693807      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JONASSEN, WILLIAM S.  
604 DRUID ROAD, EAST  
CLEARWATER, FL 33756 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BEREZA, BOGDAN  
Address: 6585 - 126TH AVENUE, N., UNIT 1  
City-St-Zip: LARGO, FL 34634 US

Title: VPSD ( ) Delete  
Name: BEREZA, SOFIA  
Address: 6585 - 126TH AVENUE, N., UNIT 1  
City-St-Zip: LARGO, FL 34634 US

Title: T ( ) Delete  
Name: KLOSINSKI, BRONISLAWA  
Address: 6585 - 126TH AVENUE, N., UNIT 1  
City-St-Zip: LARGO, FL 34634 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOFIA BEREZA

VPSD

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date