2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L68348

1. Entity Name

BAZIN CORPORATION



FILED Feb 11, 2008 08:00 Al Secretary of State

Principal Plac	e of Business	Mailing Address							
2313 SW 59TH AVE HOLLYWOOD FL 33023-4046 US		2313 SW 59TH AVE HOLLYWOOD FL 33023-4046 US							
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 Numb	^{per} 65-0194898			pplied For of Applicable
Zıp	Country	Zip	Count	lry	5. Certificate	Certificate of Status Desired			
·	6. Name and Address of Current		7. Name and	Address of New Regist	ered Age	nt			
				Name					
231	ZIN, ROBERT R., SR. 3 SW 59TH AVE LLYWOOD FL 33023			Street Address (P.O. Box Number is Not Acceptable)					
				City		-	FL	Zip Code	e
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, lipped or prived reasoning state agent and the Tampleague. (NOTE Registered Agent eigenfure required when remaining). DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFICERS	S AND DIE	₹ECTOR	S IN 11
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NAME			NAME			U00000824751 ^{Li Grange} Li ^{Add} 02/20/08-80091-018 158.75			
STREET ADDRESS	5529 SW 113 AVE			T ADDRESS					
CITY-ST-ZIP	COOPER CITY, FL 33330		ÇITY-	ST-ZIP				 	
LILTE	D	☐ De-ete	TIPLE	İ				Change	Audition
NAME	BAZIN, ROY F.		NAME						
STREET ADDRESS	9381 SW 54 PLACE			T ADDRESS					
CITY+ST-ZIP	COOPER CITY, FL 33328		GHY-	ST-ZIP	····				
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I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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: RoberT RBAzin Sr

9549633215