2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000006336

Entity Name: CZ-SLAVERY INC.

FILED Apr 27, 2003 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:
11379 NW 7TH S MIAMI, FL 33172		11379 NW 7TH ST #205 205 MIAMI, FL 33172
Current Mailing Address:		New Mailing Address:
11379 NW 7TH S MIAMI, FL 33172		11379 NW 7TH ST #205 205 MIAMI, FL 33172
FEI Number: 52-237	7710 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Addre	ess of Current Registered Agent:	Name and Address of New Registered Agent:
DERBY, CECILIA 11379 NW 7TH S MIAMI, FL 33172	ST #205	
The above named in the State of Flo		purpose of changing its registered office or registered agent, or both,
SIGNATURE:		
	Electronic Signature of Registered A	gent Date
OFFICERS AND	DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	() Delete	Title: D () Change (X) Addition Name: ASUQUO, FRANCIS DR. Address: 11379 NW 7TH ST., #205, City-St-Zip: MIAMI, FL 33172
Title: Name: Address: City-St-Zip:	() Delete	Title: V () Change (X) Addition Name: MENDS, FRANK P MR. Address: 11379 NW 7TH ST. #205 City-St-Zip: MIAMI, FL 33172
Title: Name: Address: City-St-Zip:	() Delete	Title: D () Change (X) Addition Name: NUNOO, CHARLES DR. Address: 11379 NW 7TH ST., #205 City-St-Zip: MIAMI, FL 33172
Title: Name: Address: City-St-Zip:	() Delete	Title: P/D () Change (X) Addition Name: DERBY, CECILIA N MS. Address: 11379 NW 7TH ST, #205 City-St-Zip: MIAMI, FL 33172
Title: Name: Address: City-St-Zip:	() Delete	Title: T/D () Change (X) Addition Name: OBASOHAN, JULIUS MR. Address: 11379 NW 7TH ST, #205 City-St-Zip: MIAMI, FL 33172
Title: Name: Address: City-St-Zip:	() Delete	Title: S/D () Change (X) Addition Name: LAMARRE, MICHELLE MS. Address: 11379 NW 7TH ST. #205 City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CECILIA NANA DERBY P/D 04/27/2003