2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2008
Secretary of State

DOCUMENT# N04000002310

Entity Name: KAZ'S CORNER INC.

Current Principal Place of Business:

6982 NW 19 ST
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

6982 NW 19 ST
MARGATE, FL 33063

New Mailing Address:

FEI Number: 57-1200266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ZUMBADO, HERMI
6982 N.W. 19 STREET
MARGATE, FL 33063 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ZUMBADO, HERMI
Address: 6982 N.W. 19 STREET
City-St-Zip: MARGATE, FL 33063

Title: V ( ) Delete
Name: KYSER, KENNETH W
Address: 8400 N.W. 53 ST.
City-St-Zip: MIAMI, FL 33156

Title: V ( ) Delete
Name: FARRAR, CINDY
Address: 3421 OAKMONT DR.
City-St-Zip: PENSACOLA, FL 32503

Title: S ( ) Delete
Name: HANLEY, ANNETTE
Address: 18774 N. DESERT LIGHT DR.
City-St-Zip: SURPRISE, AZ 85387

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERMI ZUMBADO D 06/03/2008
Electronic Signature of Signing Officer or Director — Date