


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90512 001 \*\*\*300.00

**DOCUMENT # P00000033632**

1. Entity Name  
**EZTARIFF.COM, INC.**



Principal Place of Business  
**6363 TAFT STREET  
SUITE 309  
HOLLYWOOD, FL 33024**

Mailing Address  
**6363 TAFT STREET  
SUITE 309  
HOLLYWOOD, FL 33024**

2. Principal Place of Business  
**12450 WEST ATLANTIC BLVD**

3. Mailing Address  
**"SAME"**

Suite, Apt. #, etc.  
**"SAME"**

City & State  
**CORAL SPRINGS, FL**

City & State  
**"SAME"**

Zip  
**33071**

Country  
**USA**

Zip  
**33071**

Country  
**USA**

6. Name and Address of Current Registered Agent  
**DE BRAGA, JOE  
6363 TAFT STREET  
SUITE 309  
HOLLYWOOD, FL 33024**

7. Name and Address of New Registered Agent  
Name  
**JOSE DE BRAGA**  
Street Address (P.O. Box Number is Not Acceptable)  
**12450 WEST ATLANTIC BLVD**  
City  
**CORAL SPRINGS** FL Zip Code  
**33071**

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 familiar with, and accept the obligations of registered agent.

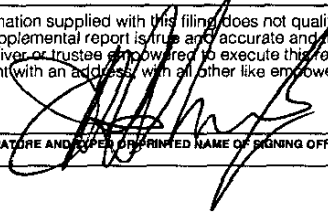
SIGNATURE:  **J.R. DE BRAGA** 4/21/04  
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**


9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE BRAGA, JOE 6363 TAFT STREET SUITE 309 HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LE BLANC, EDWARD J 6363 TAFT STREET SUITE 309 HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, BRENDA 6363 TAFT STREET SUITE 309 HOLLYWOOD, FL 33024 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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 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:  **J.R. DE BRAGA** 4/21/04 954340 8886  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**66414584**



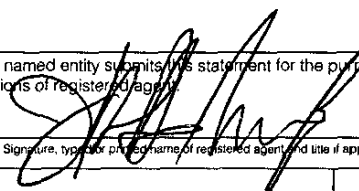
03292004 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1093212** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent  
Name  
**JOSE DE BRAGA**  
Street Address (P.O. Box Number is Not Acceptable)  
**12450 WEST ATLANTIC BLVD**  
City  
**CORAL SPRINGS** FL Zip Code  
**33071**

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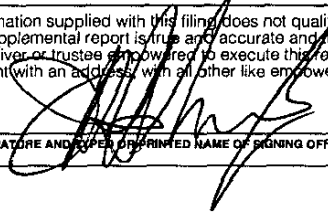
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Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12450 WEST ATLANTIC BLVD CORAL SPRINGS, FLORIDA 33071</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12450 WEST ATLANTIC BLVD CORAL SPRINGS, FLORIDA 33071</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12450 WEST ATLANTIC BLVD CORAL SPRINGS, FLORIDA 33071</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #