## **2004 FOR PROFIT CORPORATION**

## **FILED** Apr 26, 2004 08:00 A

	ANNUAL	Secretary of Sta					
DOCUI 1. Entity Name WIZ NEW		387					
Principal Place 1348 WASHII SUITE 231 MIAMI BEACH	INGTON AVENUE	Mailing Address 1348 WASHIINGTON AVENUE SUITE 231 MIAMI BEACH, FL 33139	,				
D	O NOT WRITE	CE	04152004 No Chg-P CR2E  4. FEI Number 65-1002606  5. Certificate of Status Desired			034 (10/03)  Applied For Not Applicable \$8.75 Additional Fee Required	
1348 WAS SUITE 231 MIAMI BEA	6. Name and Address of Current Re EAN-JACQUES SHINGTON AVENUE ACH, FL 33139  named entity submits this statement for tools of registered agent.		ed office or registe	IN <sup>-</sup>	NOT W	PACE	liar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable (NOTE Registere	ed Agent signature require	d when reinstaling)	<u></u>	DATE	<del></del>
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	ncing \$5	5.00 May Be ded to Fees	U00000 04/26/04-	129506 80080-014	150.00	
10.	OFFICERS AND D	RECTORS		····			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FERON, JEAN-JACQUES 1348 WASHINGTON AVENUE -SL MIAMI BEACH, FL 33139 DVS CARO, VIVIAN 1348 WASHINGTON AVENUE - SI MIAMI BEACH, FL 33139						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME			]				

12. I hereby certify that the information supplied with this filling 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 ester like empowered.

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STREET ADDRESS CITY-ST-ZIP

JOAN. JAWUES FORON

04.17.2004 305 582 82 30

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #