FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P 00000088619

1. Entity Name

FINZA, INC.

Jan 31, 2003 8:00 am Secretary of State 01-31-2003 90369 049 ***150.00

DO NOT WRITE IN THIS SPACE					90014502	
2. Principal Plac		3. Mailing Address				
	scayne Blvd	1149 SW 27th Avenuêts . 203			DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For	
Suite, Apt. #,		Suite, Apt. #, etc.				
Ste. 500 City & State		Ste. 203 City & State 4				
North Mi	ami, Fl. 33181	Miami, Fl.	33135		5-1040755	Not Applicable
Zip	Country	Zip	Country	5. C	ertificate of Status Desired	\$8.75 Additional Fee Required
31.50				7. Nan	ne and Address of Current Registe	red Agent
nest transfer from the second			Name	nn A mmtrn	TOCHHA DE	
DO NOT WRITE			Street A	BRATTER, JOSHUA P. Street Address (P.O. Box Number is Not Acceptable) 777 17th St,		
Same Care Color						
	IN THIS SI	PACE		Penthou	se Suite	
			City	1 enemou		1 Zip Code
within it. 2) mention 10 political.		and the second s	and the same of	Miami B		└ 33139
the obligation	amed entity submits this statement as of registered agent.	for the purpose of changing i	ts registered office or	registered age	nt, or both, in the State of Florida. I ar	n familiar with, and accept
, a						
	gnature, typed or printed name of registered agei	nt and title if applicable. (NO	DTE: Registered Agent signatu	re required when rein	stating) DATE	
A	ary 1 - May 1 Fee is \$150.00 fter May 1, Fee is \$550.00 Amended UBR is \$61.25 ayable to Florida Department (of State			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AN	(Name of Arthrody of the	a Highland and a second	or Leader Allesta		
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12. I hereby certify that the information indicated on this report or sof the corporation or the relatachment with an address. d with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information bart is tree and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director among the part is reported to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP