

2006 FOR PROFIT-CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000096993 1. Entity Name BEZOS TECHNOLOGIES CORPORATION	
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Principal Place of Business 2601 SW 142 COURT MIAMI, FL 33175	Mailing Address 2601 SW 142 COURT MIAMI, FL 33175
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01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1066664	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIAZ, ADA 8810 SW 132 PLACE #204 MIAMI, FL 33186
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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 <u><i>ADA DIAZ</i></u> Signature, typed or printed name of registered agent and fee if applicable.	DATE <u>02-21-06</u> (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$850.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BEZOS, BEATRIZ M 2601 SW 142 COURT MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTO DIAZ, ADA 8810 SW 132 PLACE #204 MIAMI, FL 33186
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 addendum with an address, with all other like empowered.	
SIGNATURE <u><i>BEATRIZ M. BEZOS</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>02-21-06</u> DAYTIME PHONE # <u>305-298-4989</u>