2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 09, 2002 8:00 am Secretary of State

DOCUMENT # POO 600 113403 + #USE ON
1. Entity Name

REZY DEZY INVESTMENTS, INC.

04-09-2002 91159 039 ***150.00

			-		
DO NOT WRITE IN THIS SPACE			80	061912	
2. Principal Place of Business	3. Mailing Address				
	10873 NW 52 ST P.O. BOX 26802		DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc. Suite, Apt. #, etc.					
City & State City & State			4. FEI Number	Applied For	
SUNRISE FC	TAMASAE FC		65-1064107	Not Applicable	
Zip 33351 Country USA	Zip 33320	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
,			7. Name and Address of Current Registered Agent		
		Name	Name		
DO NOT WRITE		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE					
*		City	F	L Zip Code	
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.					
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE					
9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 After May 1. Fee is \$550.00			10. Election Campaign Financing	\$5.00 May Be	
lax filing requirement and elects to do so. Amended UB		UBR is \$61.25		Added to Fees	
11. OFFICERS AND		to Department of Sta	ite		
TITLE PRESIDENT	<u> </u>	TITLE			
NAME OLOCAT CANADO	_	NAME			
STREET ADDRESS 7 5 PRING VIEW COURT		STREET ADDRESS]	
CITY-ST-ZIP WINTER SPRINGS FL	32708	CITY-ST-ZIP			
TITLE VICE PRESIDENT		TITLE			
STREET ADDRESS 207 SIRING WEW COURT		NAME STREET ADDRESS		(
CITY-ST-ZIP WINTER SPRINGS FL	32708	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS	DO NOT WR		
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT ANK		
TITLE		TITLE	IN THIS SPA	CE	
NAME STREET ADDRESS STREE		NAME STREET ADDRESS	114 11110 0174		
CITY-ST-ZIP		CITY-ST-ZIP			
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CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME		1	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with	this filing does not qualify for th	<u> </u>	ection 119.07(3)(i), Florida Statutes, I further of	ertify that the information	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT CANIDON 3/29/02 9547497788