2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

ANNUAL REPORT				FILED		
DOCU  1. Entity Nam  JOZO INC		l53 <b>v°</b> ∵≫		N	Iay 23, 20 Secretar	05 08:00 AM ry of State
; ·	e of Business IER ROAD SOUTH, STE B 33771	Mailing Address 1101 BELCHER ROAD SOUTH, LARGO, FL 33771	STE B			
r	O NOT WRITE	IN THIS COA	ME SERVICE	05122005	No Chg-P	CR2E034 (10/03)
L	O NO! WHILE	IN THIS SPA		4. FEI Numb	PPLICABLE	Applied For Not Applicable
		and the second seco	en e	5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent			The state of the s	
PERLMAN, JOSEPH N 1101 BELCHER ROAD SOUTH, STE B LARGO, FL 33771				DO	NOT W	RITE
					IN THIS SPACE	
	. /	$\gamma$		***		MOL
8. The above	named entity submits the statement for the	pe p∯pose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Flor	ida. Jam familiar with, and accept
the obligations of registers						
SIGNATURES	signature, typed or printed same of registered agent and	title if applicable. (NOTE, Registers	d Agent signature required	when reinstating)	<del></del>	DATE
FILE NOW!!! FEE IS \$150.00  Due by September 7, 2005  9. Election Campalgn Fin			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. TITLE	OFFICERS AND DI	RECTORS		2	error en en en en en en en en en	Life Committee C
NAME	ZORZIT, JOHN					
STREET ADDRESS CITY-ST-ZIP	2700 ANNAPOLIS ROAD BALTIMORE, MD 12130				U00000039	58001 3008-024 150.00
title Name					np/c <b>2/</b> np-80	3008-824 ISU.W
STREET ADDRESS C:TY-ST-ZIP						· ·
TITLE					· • • • • • • • • • • • • • • • • • • •	-
NAME STREET ADDRESS				DO	NOT W	
CITY-ST-ZIP TITLE			··· <del>·</del> ··		NOT W	<u> </u>
NAME				IN	THIS SP	ACE
STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						<u></u>
STREET ADDRESS CITY-ST-ZIP						
TITLE				و پایان	to an experience of	1
NAME Street Address						
CITY-ST-ZIP					*** * · · · · · · · · · · · · · · · · ·	
12. I hereby of indicated of the corchanged,	certify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee embows or on an attachment with an address, with	is filing does not qualify for the exe ue and accurate and that my signa ered to execute this report as requi n all other like empowered.	mption stated in Seture shall have the street by Chapter 607	ction 119.07(3) ame legal effe Florida Statute	(i), Florida Statutes. I in ct as if made under or es; and that my name	further certify that the information ath; that I am an officer or director appears in Block 10 or Block 11 if

410-539-102