

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000013103

Entity Name: PEPPAZ INC.

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

6861 SW 196 AVE
407
PEMBROKE PINES, FL 33332

New Principal Place of Business:

Current Mailing Address:

6861 SW 196 AVE
407
PEMBROKE PINES, FL 33332

New Mailing Address:

FEI Number: 65-1079048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ERWIN, BILL
6861 SW 196 AVE
407
PEMBROKE PINES, FL 33332

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: COUTURE, BRIAN
Address: 6861 SW 196 AVE
City-St-Zip: PEMBROKE PINES, FL 33332

Title: DP () Delete
Name: ERWIN, BILL
Address: 6861 SW 196 AVE
City-St-Zip: PEMBROKE PINES, FL 33332

Title: D () Delete
Name: GLINSKI, PAUL
Address: 55 CAMBRIDGE PARKWAY, SUITE 200
City-St-Zip: CAMBRIDGE, MA 02142

Title: D () Delete
Name: MORNEAU, CHARLES
Address: 55 CAMBRIDGE PARKWAY SUITE 200
City-St-Zip: CAMBRIDGE, MA 02142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN COUTURE

DV

04/29/2004

Electronic Signature of Signing Officer or Director

Date