2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

DOCUMENT # P01000031012 1. Entity Name DOU'Z, INC.						05-03-2004 90998 014 ***150.00					
Principal Place of Business 1528 S DIXIE HWY POMPANO BEACH, FL 33060		Mailing Address 1528 S DIXIE HWY POMPANO BEACH, FL 33060				,		U18974			
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04132004	Chg-P	CR2E034	(10/03)		
City & State		City & State				4. FEI Number 65-1091	167		→	oplied For ot Applicable	
Zip	Country	Country Zip Co		try		5. Certificate of	Status Desired		3.75 Add e Required		
	6. Name and Address of Curre	nt Registered Agent				7. Name and A	ddress of New f	Registered Age	ent		
				Name	0.	1 0	1 . 173	F.,	,		
DOUZE, CARLINE					Name Prince A. Donnhee IV, Esq. Street Address (P.O. Box Number is Not Acceptable)						
4441 W. MCNAB ROAD, #21					Street Address (P.O. Box Number is Not Acceptable)						
POMPANO BEACH, FL 33069				1200 s	s. Pine	Island Roug	1, scite 4	70			
				City Po,	5. Pine Island Road, site 470 Dimparo Beach FL Zip Code 33060						
	named entity submits this statement	for the purpose of changing its	registere	ed office or	registere	ed agent, or both,	in the State of FI	lorida. I am fan			
P - 01 9 - 13-04											
SIGNATURE_	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered	d Agent signatur	re required	when reinstating)		DATE		 (
-FILE NOW!!! FEE IS \$150,00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.					\$5. 0	00 May Be ed to Fees	- Mistar				
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12. Thereby 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 of trustee empowered be 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 attachment with an address, with all little removered.

CICNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04

954-630-2352 Daytime Phone #