

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000078195

Entity Name: FAZ CORPORATION

FILED
Nov 15, 2006
Secretary of State

Current Principal Place of Business:

678 ARROW LANE
KISSIMMEE, FL 34746

Current Mailing Address:

678 ARROW LANE
KISSIMMEE, FL 34746

New Principal Place of Business:

1001 VIA CAPRI LANE
201
CELEBRATION, FL 34747 US

New Mailing Address:

1001 VIA CAPRI LANE
201
CELEBRATION, FL 34747 US

FEI Number: 59-3737239

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDEIS, HASHIM P
678 ARROW LANE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

EDEIS, HASHIM
1001 VIA CAPRI LANE
201
KISSIMMEE, FL 34747 US

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: HASHIM EDEIS

11/15/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EDEIS, HASHIM
Address: 678 ARROW LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: VP () Delete
Name: ADHIS, ZOOHIER
Address: 678 ARROW LANE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: EDEIS, HASHIM
Address: 1001 VIA CAPRI LANE #201
City-St-Zip: CELEBRATION, FL 34747 US

Title: VP (X) Change () Addition
Name: ABUNADA, MAJID
Address: 1001 VIA CAPRI LANE #201
City-St-Zip: CELEBRATION, FL 34747 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: HASHIM EDEIS

PD

11/15/2006

Electronic Signature of Signing Officer or Director

Date