# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Sep 06, 2007**
**Secretary of State**

DOCUMENT# P01000078195

**Entity Name:** FAZ CORPORATION

**Current Principal Place of Business:**

1001 VIA CAPRI LANE
201
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

**Current Mailing Address:**

1001 VIA CAPRI LANE
201
CELEBRATION, FL 34747 US

**New Mailing Address:**

**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
1001 VIA CAPRI LANE
201
KISSIMMEE, FL 34747 US

**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

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 09/06/2007

Electronic Signature of Signing Officer or Director Date