2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 20, 2004 8:00 am Secretary of State **DOCUMENT # P01000096156** 05-20-2004 90006 019 ***558.75 CIZMIC, INC. Principal Place of Business Mailing Address 10970 NW 18TH DR 10970 NW 18TH DR PLANTATION, FL 33322 PLANTATION, FL 33322 3. Mailing Address 2. Principal Place of Business Avelue 200 NX 4200 NW Suite, Apt. #, etc. Suite, Apt. #, etc. 05152004 CR2E034 (10/03) City & State and eld Applied For City & State 4. FEI Number anderdale Not Applicable 65-1155654 Country \$8.75 Additional ^{Zip} スラス ひ 9 Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORGE HYMAN PHILLIP, STANLEY Street Address (P.O. Box Number is Not Acceptable) 10970 NW 18TH DR PLANTATION, FL 33322 City Landerdale Lakes 8. The above named entity submits this statement for the purpose of angling its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition Delete TITLE TITLE FERGUSON, PAUL NAME NAME 1427 SABAL TRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33327 Change Addition Delete TITLE TITLE EDRGE HYMAN PHILLIP, STANLEY NAME 4200 NW '35 e Avenue 10970 NW 18TH DR STREET ADDRESS STREET ADDRESS 33309 CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33322 ☐ Change Addition ☐ Delete TITLE TITLE Richard NAME NAME STREET ADORESS 12680 Magnolia Court STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 or replace empowered to execute this region as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment wi **SIGNATURE:**

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