2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91057 020 ***150.00

DOCUMENT # P02000022608

1. Entity Name
WAX N WAX/IBIZ II, INC.

Principal Place of Business	Mailing Address
750 E. SAMPLE ROAD, BUILDING 7-B-7 POMPANO BEACH, FL 33064	750 E. SAMPLE ROAD, BUILDING 7-B-7 POMPANO BEACH, FL 33064

02282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Wax N Wax/IBiz II, Inc.	
Suite, Apt. #, etc. #301 19452 Waters Beach Lane	Suite, Apt. #, etc. #301 19452 Waters Beach Lane
City & State: Boca Raton, FL	City & State: Boca Raton, FL
Zip: 33434 Country:	Zip: 33434 Country:

4. FEI Number: 06-7009390 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERKIN, ARTHUR G 750 E. SAMPLE ROAD, BUILDING 7-B-7 POMPANO BEACH, FL 33064	Name: Berkin, Arthur G Street Address (P.O. Box Number is Not Acceptable): 19452 Waters Beach Lane #301 City: Boca Raton FL Zip Code: 33434

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERKIN, ARTHUR G 750 E. SAMPLE ROAD, BUILDING 7-B-7 POMPANO BEACH, FL 33064 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Berkin, Arthur G 19452 Waters Beach LanE #301 Boca Raton, FL 33434 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby c[...] 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 o[...]rt 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 corpor[...]he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or o[...]chment with an address, with all other like empowered.

Please Sign Here

SIGNATURE: [signature] 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #