

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90010 012 ***150.00

DOCUMENT # P02000028169					
1. Entity Name KIZAKA, INC.					
Principal Place of Business 319 MCKINLEY ST HOLLYWOOD, FL 33019			Mailing Address 319 MCKINLEY ST HOLLYWOOD, FL 33019		
2. Principal Place of Business 1721 SW 96 AVE Suite, Apt. #, etc.		3. Mailing Address 1721 SW 96 AVE Suite, Apt. #, etc.			
City & State MIRAMAR, FL		City & State MIRAMAR, FL			
Zip 33025		Country BROWARD		4. FEI Number 75-3023094	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent VALDERRAMA, BENNY 10000 SW 33 COURT MIRAMAR, FL 33025 <i>VALDERRAMA-BENNY</i> <i>1721-SW-96AVE-</i>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 1721 SW 96 AVE. City MIRAMAR FL Zip Code 33025		
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: <i>Benny Valderrama</i> 1-16-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	PD VALDERRAMA, BENNY 319 MCKINLEY ST HOLLYWOOD, FL 33019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1721 SW 96 AVE. MIRAMAR, FL 33025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DORY, YAIR 319 MCKINLEY ST HOLLYWOOD, FL 33019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1721 SW 96 AVE. MIRAMAR, FL 33025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
12. I hereby 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 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Benny Valderrama</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			BENNY VALDERAMA 1/16/04 (954) 437-4624 <small>Date Daytime Phone #</small>		