2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 15, 2005 8:00 am Secretary of State DOCUMENT # P02000028169 03-15-2005 90023 024 ***150.00 KIZAKA, INC. Principal Place of Business Mailing Address 330 N 37TH ST 330 N 37TH ST HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address 3300 N 37 3300 N 37 TH SMEET STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 02072005 CR2E034 (10/03) Chg-P City & State City & State 4. FFI Number Applied For FL HULLY WOOD FL HOLLYWUOD 75-3023094 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33021 33021 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VALDERRAMA, BENNY Street Address (P.O. Box Number is Not Acceptable) 1721 SW 96 AVE HOLLYWOOD, FL 33025 City HOLLYWOOD 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. BENNY VALDERRAMA 2/8/05 PRESIDENT gistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE Defete TITLE Change Change Addition VALDERRAMA, BENNY NAME NAME 3300 N 37 W STREET STREET ADDRESS 813 NW 13TH AVE STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33004 CITY-ST-ZIP SD ☐ Defete TITLE Change ☐ Addition DORY, YAIR NAME NAME 3300 N 37 th Smett STREET ADDRESS 813 NW 13TH AVE STREET ADDRESS CITY-ST-ZIP DANIA BEACH, FL 33004 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TIT1 F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY - ST - 7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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. (954) 558 5952 BENMY VALOETRAMA SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED