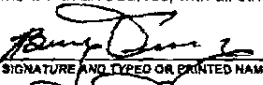


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000028169		
1. Entity Name KIZAKA, INC.		
Principal Place of Business 3300 N 37TH ST HOLLYWOOD, FL 33021		Mailing Address 330 N 37TH ST HOLLYWOOD, FL 33021
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent VALDERRAMA, BENNY 3300 N 37TH ST HOLLYWOOD, FL 33021		DO NOT WRITE IN THIS SPACE
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000481633 04/11/06-80038-020 150.00
TITLE	PD	DO NOT WRITE IN THIS SPACE
NAME	VALDERRAMA, BENNY	
STREET ADDRESS	3300 N 37TH ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	SD	
NAME	DORY, YAIR	
STREET ADDRESS	3300 N 37TH ST	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
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 exemptions contained 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 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: 		BENNY VALDERRAMA 3/15/06 (954) 558-5952
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #