

FILED  
Feb 21, 2003 8:00 am  
Secretary of State

01-21-2003 90567 043 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000028169

1. Entity Name  
KIZAKA, INC.



Principal Place of Business  
16909 SW 33 COURT  
MIRAMAR FL 33027

Mailing Address  
16909 SW 33 COURT  
MIRAMAR FL 33027

2. Principal Place of Business  
319 McKinley Street

3. Mailing Address  
319 McKinley Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
HOLLYWOOD FL

City & State  
HOLLYWOOD FL

4. FEI Number  
75-3023094

Applied For  
Not Applicable

Zip  
33019

Country

Zip  
33019

Country

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

6. Name and Address of Current Registered Agent

VALDERRAMA, BENNY  
16909 SW 33 COURT  
MIRAMAR FL 33027

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
VALDERRAMA, BENNY  
16909 SW 33 COURT  
MIRAMAR FL 33027 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
DORY, YAIR  
16909 SW 33 COURT  
MIRAMAR FL 33027 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
319 McKinley Street  
HOLLYWOOD, FL 33019 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
319 McKinley Street  
HOLLYWOOD, FL 33019 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BENNY VALDERRAMA

1/17/03 (954) 921-0595

Date

Daytime Phone #

CR2E034 (10/02)