


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000067793 1. Entity Name EZ IT CONSULTING, INC.	
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Principal Place of Business 7806 NW 46TH ST., UNIT 14 MIAMI, FL 33166	Mailing Address 7806 NW 46TH ST., UNIT 14 MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0465375	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FAN, YU 7806 NW 46TH ST., UNIT 14 MIAMI, FL 33166
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD CARERA, EUGENIO D 10354 SW 11TH TERR. MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD FAN, YU 986 NW 156TH AVE. PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD ZHOU, JIAN H 988 NW 156TH AVE. PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

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05/02/05-80129-008 150.00

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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**
Date: 4/1/05 Daytime Phone #: (305) 718-9838