

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
May 01, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # P02000067793</b>	
1. Entity Name EZ IT CONSULTING, INC.	



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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02272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0465375	Applied For 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 \_\_\_\_\_  
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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CARERA, EUGENIO D
STREET ADDRESS	10354 SW 11TH TERR.
CITY-STATE-ZIP	MIAMI, FL 33174
TITLE	TD
NAME	FAN, YU
STREET ADDRESS	986 NW 156TH AVE.
CITY-STATE-ZIP	PEMBROKE PINES, FL 33028
TITLE	VD
NAME	ZHOU, JIAN H
STREET ADDRESS	986 NW 156TH AVE.
CITY-STATE-ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06 (305) 718-9838  
Date Daytime Phone #