


FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90171 040 ***150.00

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

DOCUMENT # P02000094367			
1. Entity Name COBUZZ CORP.			
Principal Place of Business 2888 TENNIS CLUB DR. #203 WEST PALM BEACH, FL 33417 US		Mailing Address 2888 TENNIS CLUB DR. #203 WEST PALM BEACH, FL 33417 US	
2. Principal Place of Business 2884 TENNIS CLUB DR Suite, Apt. #, etc. 702 City & State WEST PALM BEACH, FL Zip 33417 Country US		3. Mailing Address 2884 TENNIS CLUB DR Suite, Apt. #, etc. 702 City & State WEST PALM BEACH, FL Zip 33417 Country US	
			
		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number 7-0902022		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 SHAH, JIGNA R 2888 TENNIS CLUB DR. #702 WEST PALM BEACH, FL 33417		7. Name and Address of New Registered Agent Name SHAH, JIGNA R Street Address (P.O. Box Number is Not Acceptable) 2884 TENNIS CLUB DR 702 City WEST PALM BEACH FL Zip Code 33417	
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 <u><i>Jigna R Shah</i></u> (NOTE: Registered Agent's signature required when reinstating) DATE <u>4/30/2003</u>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P SHAH, JIGNA R 2888 TENNIS CLUB DR. #203 WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete		P SHAH, JIGNA R 2884 TENNIS CLUB DR #702 WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Jigna R Shah</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4/30/2003</u> (561) 871-0975 Daytime Phone #	

CR2EC34 (10/02)