2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90445 001 ***150.00 DOCUMENT # P02000120028 -04-30-2004 90445 002 *****8.75 1. Entity Name EZITA HOLDINGS, INC. 66417309 Principal Place of Business Mailing Address 3888 NW 167 ST. 2136 SW 166 AVE. MIRAMAR, FL 33027 MIAMI, FL 33054 3. Mailing Address 2. Principal Place of Business PD-POX-260001 P.O. BOX 26000 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04212004 Chg-P City & State 4. FEI Number Applied For City & State <u>rembroke</u> embrolle 33-1032399 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LECOURT, ALEX Street Address (P.O. Box Number is Not Acceptable) 2136 SW 166 AVE MIRAMAR, FL 33027 Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! . FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Change ___ Addition TITLE Delete TITLE HARRIS, ALEXANDER NAME NAME STREET ADDRESS STREET ADDRESS 641 S.W. 99TH AVENUE PEMBROKE PINES, FL 33025 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HARRIS, ABINA NAME NAME STREET ADDRESS 641 SW 99TH AVE. STREET ADDRESS PEMBROKE PINES, FL 33025 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Maycock, Shi joigi Dwisi st NAME STREET ADDRESS STREET ADDRESS 30**4**9 CITY-ST-ZIP CITY-ST-ZIP Garder ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP_ CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED