2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000128157

1. Entity Name
FLIZUR, INC.

FILED
Mar 16, 2006 8:00 am
Secretary of State
03-16-2006 90232 039 ***150.00

Principal Place of Business	Mailing Address
11471 W. SAMPLE RD #22 CORAL SPRINGS, FL 33065	1050 CORAL RIDGE DRIVE, #202 CORAL SPRINGS, FL 33071 *13190 Via Vesta Delray Bch, Fla 33484*

03082006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
06-1664607	Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, CINDY
1050 CORAL RIDGE DRIVE, #202
CORAL SPRINGS, FL 33071

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	P
NAME	LEE, CINDY
STREET ADDRESS	1050 CORAL RIDGE DRIVE, #202
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Cindy Lee*   x   3-13-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #