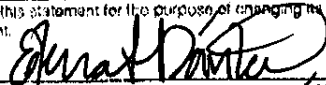


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC 14 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000016690			
1. Entity Name MIDAZO, INC.			
Principal Place of Business 4475 US 1 S, STE 503 ST AUGUSTINE, FL 32086		Mailing Address 4475 US 1 S, STE 503 ST AUGUSTINE, FL 32086	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 30-0149854		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH ST MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____	
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: 		Elena S. Davila Asst. Secretary 11/16/04	
FILE NOW!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: ☐ Delete NAME: MUCCI, DAVID STREET ADDRESS: 4475 US 1 S, STE 503 CITY- ST- ZIP: ST AUGUSTINE, FL 32086	TITLE: ☐ Change ☐ Addition NAME: 500043387245 STREET ADDRESS: 12/14/04--01017--005 CITY- ST- ZIP: **750.00		
TITLE: ☐ Delete NAME: MUCCI, MARY STREET ADDRESS: 4475 US 1 S, STE 503 CITY- ST- ZIP: ST AUGUSTINE, FL 32086	TITLE: ☐ Change ☐ Addition		
TITLE: ☐ Delete	TITLE: ☐ Change ☐ Addition		
TITLE: ☐ Delete	TITLE: ☐ Change ☐ Addition		
TITLE: ☐ Delete	TITLE: ☐ Change ☐ Addition		
TITLE: ☐ Delete	TITLE: ☐ Change ☐ 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 507, 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: 		Dec. 6, 04 403-678 3866	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Telephone: _____	