

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000027319

Entity Name: INZAMIA, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

584-A NW 27TH ST
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

584-A NW 27TH ST
MIAMI, FL 33127

New Mailing Address:

FEI Number: 72-1558539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, GARY L ESQ
4000 HOLLYWOOD BLVD, STE 265-S
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

DHUPELIA, BHAVIN A D
415 NW 27TH STREET
MIAMI, FL 33127 US

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.

SIGNATURE: BHAVIN A. DHUPELIA

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DHUPELIA, BHAVIN A
Address: 4000 TOWERSIDE TERRACE #302
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: DHUPELIA, SACHIN A
Address: 4000 TOWERSIDE TERRACE #302
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BHAVIN A. DHUPELIA

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date