

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90260 009 ***150.00

DOCUMENT # P03000031170	
1. Entity Name EDA NAZ, INC.	

Principal Place of Business 1077 CORAL CLUB DRIVE CORAL SPRINGS, FL 33071	Mailing Address 1077 CORAL CLUB DRIVE CORAL SPRINGS, FL 33071
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2. Principal Place of Business 8905 Ramblewood Dr	3. Mailing Address 8905 Ramblewood Dr
Suite, Apt. #, etc. 2308	Suite, Apt. #, etc. 2308

03222004 Chg-P CR2E034 (10/03)

City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33071	Zip 33071
Country	Country

4. FEI Number 331060077	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EROL, OMER T 1077 CORAL CLUB DR CORAL SPRINGS, FL 33071	
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7. Name and Address of New Registered Agent Name Erol, Omer T. Street Address (P.O. Box Number is Not Acceptable) 8905 Ramblewood Dr. #2308 City Coral Springs FL Zip Code 33071	
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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.

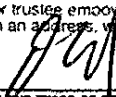
SIGNATURE 	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D EROL, OMER T 1077 CORAL CLUB DRIVE CORAL SPRINGS, FL 33071 ☒ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	Omer T. Erol ☒ Change ☐ Addition 8905 Ramblewood Dr. #2308 Coral Springs FL 33071
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ 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 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: 	DATE 4/7/04	SEAL NO. 954-554-9678
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