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	Mailing Address
1077 CORAL CLUB DRIVE CORAL SPRINGS, FL 33071	1077 CORAL CLUB DRIVE CORAL SPRINGS, FL 33071

03222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8905 Ramblewood Dr	8905 Ramblewood Dr
Suite, Apt. #, etc. 2308	Suite, Apt. #, etc. 2308
City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33071 Country	Zip 33071 Country

4. FEI Number 33/1060077 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EROL, OMER T 1077 CORAL CLUB DR CORAL SPRINGS, FL 33071	Name Erol, Omer T. Street Address (P.O. Box Number is Not Acceptable) 8905 Ramblewood Dr. #2308 City Coral Springs FL Zip Code 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]
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	D Omer T. Erol 8905 Ramblewood Dr. #2308 Coral Springs FL 33071	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	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: [signature] 4/7/04 954-554-9678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #