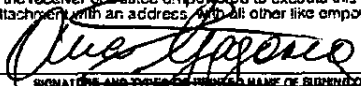


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 24, 2004 8:00 am
Secretary of State

03-09-2004 90026 008 ***150.00

DOCUMENT # P03000032733					
1. Entity Name GAZARIAN ASOCIADOS INC.					
Principal Place of Business 13337 SW 88 AVE SUITE 101 MIAMI, FL 33176			Mailing Address 13337 SW 88 AVE SUITE 101 MIAMI, FL 33176		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 16-1692578	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GAZARIAN, ANA 13337 SW 88 AVE SUITE 101 MIAMI, FL 33176				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 _____ (NOTE: Registered Agent signature required when reappointing) 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	P GAZARIAN, ANA 13337 SW 88 AVE, SUITE 101 MIAMI, FL 33176	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASLOWSKI, EUGENIO 13337 SW 88 AVE MIAMI, FL 33176	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, and all other like empowered.					
SIGNATURE: 		Date: 3/5/04 Daytime Phone: 305-27-0069			

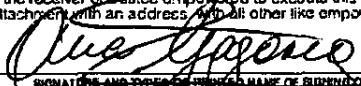
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03032004 Chg-P CR2E034 (10/03)

4. FEI Number **16-1692578** Applied For
Not Applicable

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

SIGNATURE: 
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/5/04** Daytime Phone: **305-27-0069**