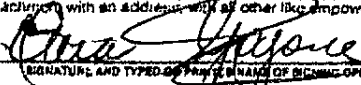


FROM : EMILIO MASFORROLL C.P.A.

FAX NO. : 305-226-1297

Apr. 28 2005 01:23PM P1

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 02, 2005 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent GAZARIAN, ANA 13337 SW 88 AVE SUITE 101 MIAMI, FL 33176		DO NOT WRITE IN THIS SPACE	
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, print or printed name of registered agent and file if applicable.		DATE (NOTE: Registered Agent signature required when registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAZARIAN, ANA 13337 SW 88 AVE, SUITE 101 MIAMI, FL 33176		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASLOWSKI, EUGENIO 13337 SW 88 AVE MIAMI, FL 33176		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		04/29/05	
SIGNATURE AND TYPED OR PRINTED NAME OF BECOMING OFFICER OR DIRECTOR		DATE DAYLINE PHONE #	