2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000067560

1. Entity Name OZ WHOLESALE, INC.

FILED May 02, 2005 08:00 AM Secretary of State

Principal Place of Business

7430 NW 10TH COURT PLANTATION, FL 33313 Mailing Address

7430 NW 10TH COURT PLANTATION, FL 33313



DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-2114573

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

SIGNATURE: UMAC P/734; 6 MAC SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

ALZOUBI, OMAR 7430 NW 10TH CT PLANTATION, FL 33313

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, typed or printed name of registered agent and title of applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ing .	\$5.00 May Be Added to Fees	
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSTD ALZOUBI, OMAR 7430 NW 10TH COURT PLANTATION, FL 33313	CTORS			
NAME STREET ADDRESS CITY - ST-ZIP			,		U00000353109 05/03/05-80054-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby certify that the information supplied with this filling 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.					

OMAR