


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000101657	
1. Entity Name BRIZA CONSULTING, INC.	

FILED
CLERK OF DISTRICT COURT
DIVISION OF CORPORATION
04 MAY 10 PM 1:26

Principal Place of Business 7065 NW 52ND STREET MIAMI, FL 33166	Mailing Address 7065 NW 52ND STREET MIAMI, FL 33166
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2. Principal Place of Business 1250 Lincoln Rd Suite, Apt. #, etc. #510	3. Mailing Address 1250 Lincoln Rd Suite, Apt. #, etc. #510
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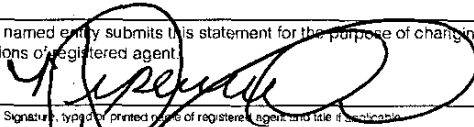
05072004 Chg-P CR2E034 (10/03)

City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33139	Zip 33139
Country USA	Country USA

4. FEI Number 83-0370669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MILLENNIA CONSULTING SERVICES, INC. 2630 NE 203RD STREET SUITE 106B MIAMI, FL 33180

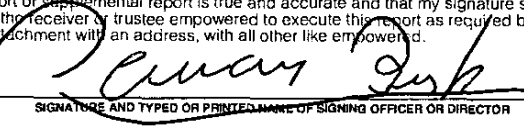
7. Name and Address of New Registered Agent Name ELO Enterprises, Inc. Street Address (P.O. Box Number is Not Acceptable) 1900 W. Commercial Blvd. #139 City Fort Lauderdale FL Zip Code 33309

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 05-07-04

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRIZ, SALVADOR 7065 NW 52ND STREET MIAMI, FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRIZ, AMALIA 7065 NW 52ND STREET MIAMI, FL 33166 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000037045100 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/24/04--01079--006 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 05-07-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #