

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90038 020 ***150.00

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01172007 Chg-P CR2E034 (12/06)

DOCUMENT # P03000139453 1. Entity Name KAZAR BODIE, INC.					
Principal Place of Business 5864 NW WHITECAP ROAD PORT ST. LUCIE, FL 34986 US			Mailing Address 5864 NW WHITECAP ROAD PORT ST. LUCIE, FL 34986 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 33-1078195 <div style="float: right; border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent VITALE, STEVEN G 32-C S.E. OSCEOLA STREET STUART, FL 34994				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 reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PRES TATOIAN, GREGORY K 9131 SAW 8TH TERRACE MIAMI, FL 33174 <i>Change address to</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mr. Gregory K. Tatoian 5864 NW Whitecap Rd. Port St. Lucie, FL 34986	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUSSMAN, LAWRENCE H 3834 GREENWAY DR. JUPITER, FL 33458		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please change to my new address	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 		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 exemptions contained in Chapter 119, 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: <i>Gregory Tatoian</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/23/07 Date Daytime Phone #		