2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # P03000150088 1. Entity Name UZ ENTERPRISES, INC.							04-30-2004 90248 041 ***150.00					
•	e of Business		Mailing Address						0.80	75364	1	
3901 N.W. 79	9th ave.		3901 N.W. 79TH AVE.			ļ			940	11000	•	
STE 105 Miami, Fl. 33	3166		STE 105 Miami, Fl 33166									
2. Principal Place of Business 79// NW 73 AVE Suite, Apt. #, etc.		3. Mailing Address 79// NW 72AW Suite, Apt. #, etc.										
# /	105	•	# 105				04272004	Chg-P	CR2EC	034 (10/03)		
City & State		Florida	City & State MED/EY,		rida		4. FEI Number	07/76	96	Not	olied For Applicable	
Zip 3316	66	U.S.A.	33166	Coun	S.A.			f Status Desired	<u> </u>	\$8.75 Addi		
6. Name and Address of Current Registered Agent Name							7. Name and Address of New Registered Agent.					
UZ, JOSE			-			UZ	1,050	<u> </u>				
•	79TH AVE.				Street A	dress (I	P.O. Box Number	Not Acceptable	:)			
STE 105 MIAMI, FL	33166				<		#105				· · · · · · · · · · · · · · · · · · ·	
, 11111 UTII, 1 C	00100				City	VITC	11703			Zip Code	<u> </u>	
						160		<u> </u>	FL	- ラ3,	166	
	named entity sub ions of registered		r the purpose of changing its	s register	ed office or	register	ed agent, or both	i, in the State of Flo	orida. Iam	familiar with,	and accept	
		112/2	JOSE 112		Prec	ine	in I	4/2	7/11		•	
SIGNATURE_	Signature, types or prin	nted name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signatu	re required	when reinstating)		DATE	· · · · · · · · · · · · · · · · · · ·		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contributio							$\overline{}$					
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Increby certify that the information supplied with this tiling 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 suppliemental 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: