2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2006 8:00 am Secretary of State

DOCUMEN I # PU30UU156379 1. Entity Name BIZI, INC.								С	2-03-2006 900	003 045	***150.0	0
Principal Place of Business M			Ma	Mailing Address							v	
				5343 SW 38TH WAY FT LAUDERDALE, FL 33312								
2. Principal Place of Business 3			3. 1	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01062006	Chg-P	CR2E	034 (11/05)	
City & State			'	City & State				4. FEI Number 36-454				pplied For lot Applicable
Zip	Zip Country			Zip Country				5. Certificate	of Status Desired		\$8.75 Ad Fee Require	lditional ed
6. Name and Address of Current Registered Agent						Name		7. Name and	Address of New F	Registered	Agent	•
BITTON, HASIA 5343 SW 38TH WAY						Street Address (P.O. Box Number is Not Acceptable)						
FT LAUDERDALE, FL 33312												
						City				F	Zip Co	ec
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 if applicable. (NOTE: Registered Agent signature required when reinstating) OATE												
		FEE IS \$150.00 6 Fee will be \$550	.00	Election Campaig Trust Fund Contra		ncing	\$5. Adde	00 May Be ed to Fees				
10.		OFFICERS AND	DIREC		11.			ADDITIONS	CHANGES TO OFF	ICERS AN		
TITLE NAME STREET ADDRESS	BITTON, HASIA					E Et address					☐ Change	☐ Addition
CITY-ST-ZIP	FT LAUD	ERDALE, FL 33312			+	-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	· Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Delete		F F					☐ Change	☐ Addition
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: 5100 HGV 130 06 SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Date Claystime Phone #												