2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 14, 2005 8:00 am Secretary of State **DOCUMENT # P04000053513** 04-14-2005 90098 027 ***150.00 J.Z. CONSTRUCTION GROUP INC. 40056674 Principal Place of Business Mailing Address **6760 EDGEWORTH DRIVE 6760 EDGEWORTH DRIVE** ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0930536 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Jamil Zarazel CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 6760 Edgeworth Drive 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 City 32849 Orlando 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 nd title if applicable. (NOTE: Registered Agent eignulture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P IIILE Delete TITLE Change : Addition ZARAZEL, JAY NAME NAME STREET ADDRESS 6760 EDGEWORTH DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City - ST - 7IP Delete ITTLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7/P CITY-ST-ZIP TITLE TITLE Delete Change Addition NA?AE MANAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-7IP

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 eath; 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.

TITLE

NAME

STREET ADDRESS

CiTY-ST-ZIP

SIGNATURE:

GIGNA:

TITLE

NAME

STREET ADDRESS

CHY-SE-ZIP

Jamil Zarazel

AME OF SIGNING OFFICER OR DIRECTOR

Defete

☐ Addition

☐ Change

FILED