

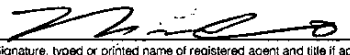
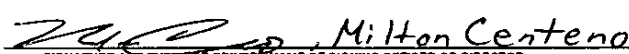


DOCUMENT # P04000070596 1. Entity Name Z1 LOGIC, INC.				Secretary of State 08-10-2005 90017 027 ***158.75	
Principal Place of Business 3814 N.W. 204 STREET MIAMI, FL 33055 US		Mailing Address 3814 N.W. 204 STREET MIAMI, FL 33055 US		50060865 	
2. Principal Place of Business 1230 N. 71 AVE		3. Mailing Address 1230 N. 71 AVE		07212005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 34-1993748	
City & State Hollywood, FL		City & State Hollywood, FL		Applied For Not Applicable	
Zip 33024	Country USA	Zip 33024	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CENTENO, MILTON 3814 N.W. 204 STREET MIAMI, FL 33055				7. Name and Address of New Registered Agent Name Milton Centeno Street Address (P.O. Box Number is Not Acceptable) 1230 N. 71 AVE City Hollywood FL Zip Code 33024	
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 7/24/05	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CENTENO, MILTON 3814 N.W. 204 STREET MIAMI, FL 33055	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Centeno, Milton 1230 N. 71 AVE Hollywood, FL 33024
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<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:  Milton Centeno				Date 7/24/05 (954)655-6118	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	