

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90037 027 ***150.00

DOCUMENT # P04000089644

1. Entity Name
EZCOM, INC.



Principal Place of Business
750 SAN REMO DR
WESTON, FL 33326

Mailing Address
750 SAN REMO DR
WESTON, FL 33326

2. Principal Place of Business
4851 NW 79th AVENUE

3. Mailing Address
4851 N.W. 79th AVENUE

Suite, Apt. #, etc.
SUITE # 5

Suite, Apt. #, etc.
SUITE # 5

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33166 USA

Zip Country
33166 USA

03222005 Chg-P CR2E034 (10/03)

4. FEI Number 13-4282096 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARANHA, JOSE
750 SAN REMO DR
WESTON, FL 33326

7. Name and Address of New Registered Agent

Name
MANTZURA, YARON

Street Address (P.O. Box Number is Not Acceptable)
4851 NW 79th AVENUE

SUITE # 5

City MIAMI FL Zip Code 33166

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)

3/22/05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME ARANHA, JOSE ☒ Delete
STREET ADDRESS 750 SAN REMO DR
CITY-ST-ZIP WESTON, FL 33326

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST ☐ Change ☒ Addition
NAME MANTZURA, YARON
STREET ADDRESS 4851 NW 79th AVENUE # 5
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05 305-4361977
Date Daytime Phone #