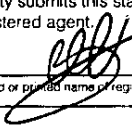


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 79 th AVENUE		3. Mailing Address 4851 N.W. 79 th AVENUE	
Suite, Apt. #, etc. SUITE # 5		Suite, Apt. #, etc. SUITE # 5	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33166	Country USA	Zip 33166	Country USA
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 79 th 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 		DATE 3/22/05	
SIGNATURE typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ARANHA, JOSE 750 SAN REMO DR WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MANTZURA, YARON 4851 NW 79 th AVENUE # 5 MIAMI, FL 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 		DATE: 3/22/05 305-4361977	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	