

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120116

Entity Name: PZI FASHION ACCESSORIES, INC.

FILED  
May 02, 2005  
Secretary of State

## Current Principal Place of Business:

4173 WINNIPEG WAY  
WEST PALM BEACH, FL 33409

## New Principal Place of Business:

1200 S. CONGRESS AVE  
#412  
WEST PALM BEACH, FL 33406

## Current Mailing Address:

4173 WINNIPEG WAY  
WEST PALM BEACH, FL 33409

## New Mailing Address:

FEI Number: 20-1511398      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CUADRA, ZOILA  
4173 WINNIPEG WAY  
WEST PALM BEACH, FL 33409      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P, S      ( ) Delete  
Name: CUADRA, ZOILA  
Address: 4173 WINNIPEG WAY  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VP      ( ) Delete  
Name: CUADRA, ZOILA  
Address: 4173 WINNIPEG WAY  
City-St-Zip: WEST PALM BEACH, FL 33409

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ZOILA CUADRA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MRS

05/02/2005

\_\_\_\_\_  
Date