2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 04, 2006
Secretary of State

DOCUMENT# P05000011829

Entity Name: FOZ CORPORATION

Current Principal Place of Business:

3450 BLUE LAKE DRIVE #301 D
POMPANO BEACH, FL 33064

New Principal Place of Business:

4723 NW 4TH AVENUE
POMPANO BEACH, FL 33064

Current Mailing Address:

3450 BLUE LAKE DRIVE #301 D
POMPANO BEACH, FL 33064

New Mailing Address:

PO BOX 50005
LIGHTHOUSE POINT, FL 33074

FEI Number: 20-2234420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 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: BRENO R GOMES

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: PD ( ) Delete
Name: LEMOS, ANTONIO C
Address: 3450 BLUE LAKE DRIVE #301 D
City-St-Zip: POMPANO BEACH, FL 33064

Title: VD ( ) Delete
Name: SIMOES, HUGO M
Address: 3450 BLUE LAKE DRIVE #301 D
City-St-Zip: POMANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEMOS, ANTONIO C
Address: 4723 NW 4TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

Title: VD (X) Change ( ) Addition
Name: SIMOES, HUGO M
Address: 4723 NW 4TH AVENUE
City-St-Zip: POMANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ANTONIO C LEMOS PD 10/04/2006

Electronic Signature of Signing Officer or Director — Date