


2006 FOR PROFIT CORPORATION ANNUAL REPORT

5 **FILED**
Jun 12, 2006 8:00 am
Secretary of State

05-02-2006 90195 015 ***150.00

DOCUMENT # P05000034189
 1. Entity Name
PAZ INTERNATIONAL ENTERPRISES, INC.



Principal Place of Business Mailing Address
6611 GLEN ARBOR WAY **6611 GLEN ARBOR WAY**
NAPLES, FL 34119 **NAPLES, FL 34119**

66018300



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

04272008 Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
39-1935400 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CASSNER, CURTIS B
2640 GOLDEN GATE PARKWAY
#305
NAPLES, FL 34105-3203

7. Name and Address of New Registered Agent
 Name **Mr Beryl G. Pascavis**
 Street Address (P.O. Box Number is Not Acceptable)
~~2340 Torrey Pines Trail North Suite 209~~
6611 Glen Arbor Way
 City **Naples** FL Zip Code ~~34103~~ **34119**

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 *** address change only** *Curtis B Cassner* DATE **6/8/2006**
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, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASCAVIS, BERYL G 6611 GLEN ARBOR WAY NAPLES, FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASCAVIS, ELAINE L 6611 GLEN ARBOR WAY NAPLES, FL 34119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pascavis, Kurt G. 6611 Glen Arbor Way Naples, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Curtis B Cassner* Date: **4/09/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #