


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000034189</b>	
1. Entity Name PAZ INTERNATIONAL ENTERPRISES, INC.	

Principal Place of Business 6611 GLEN ARBOR WAY NAPLES, FL 34119	Mailing Address 6611 GLEN ARBOR WAY NAPLES, FL 34119
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**DO NOT WRITE IN THIS SPACE**



01202007 No Chg-P CR2E034 (11/05)

4. FEI Number 39-1935400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PASCAVIS, BERYL G MR  
 6611 GLEN AROB WAY  
 NAPLES, FL 34119

**DO NOT WRITE IN THIS SPACE**

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: *Beryl G. Pascavis, President* DATE: 2-6-2007

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, 2007 Fee will be \$550.00**

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, KURT G 6611 GLEN ARBOR RD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASCAVIS, ELAINE L 6611 GLEN ARBOR WAY NAPLES, FL 34119
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 02/21/07-80036-023 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Beryl G. Pascavis, President* Date: 2-7-2007 Daytime Phone #: 239-455-1410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Beryl G. Pascavis, President*