


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # P05000069075 1. Entity Name POZ CONSULTING CORP.	
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Principal Place of Business 1770 E. LAS OLAS BLVD. #505 FT. LAUDERDALE, FL 33301	Mailing Address 1770 E. LAS OLAS BLVD. #505 FT. LAUDERDALE, FL 33301
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2827433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DADE COUNTY CORPORATE AGENTS, INC.
18901 N.E. 29TH AVENUE SUITE 100
AVENTURA, FL 33180

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	000000585180 01/12/07-80067-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST POSIVIATA, JOHN C 1770 E. LAS OLAS BLVD. #505 FT. LAUDERDALE, FL 33301
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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 files empowered.

SIGNATURE:  **1/9/07** **954 610-1809**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #