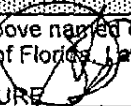


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

| | | | |
|--|---|---|---|
| DOCUMENT # P05000103059 | | | |
| 1. Entity Name EDDIE ARTZE INC | | | |
| DO NOT WRITE IN THIS SPACE | | | |
| 2. Principal Place of Business 3155 W 77 PL | | 3. Mailing Address Suite, Apt. #, etc. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State HIALEAH, FL | | City & State | |
| Zip 33018 | Country | Zip | Country |
| | | 4. FEI Number 20-3196226 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| DO NOT WRITE IN THIS SPACE | | 7. Name and Address of Current Registered Agent | |
| | | Name ARTZE, EDDIE | |
| | | Street Address (P.O. Box Number is Not Acceptable) 3155 W 77 PL | |
| | | City HIALEAH | FL Zip Code 33018 |
| 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  | | EDDIE ARTZE 100000480846 04/11/06-80008-004 150.00 3/22/2006 | |
| Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ARTZE, EDDIE 3155 W 77 PL HIALEAH, FL 33018 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE  | | EDDIE ARTZE, PRESIDENT 3/22/2006 (786) 267-2899 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |