2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000111335

Entity Name: FOURBZ CORP.

Name:

Address:

City-St-Zip:

9200 S DADELAND BLVD STE 320

MIAMI, FL 33156

FILED Apr 29, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9200 S DADELAND BLVD SUITE 320 MIAMI, FL 33156 **Current Mailing Address: New Mailing Address:** 9200 S DADELAND BLVD SUITE 320 MIAMI, FL 33156 FEI Number: 20-3943593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MARQUEZ & MARCELO-ROBAINA, P.A. CAMPO, LAURA D 6303 BLUE LAGOON DR., STE. 390 9200 S.DADELAND BLVD STE 320 MIAMI, FL 331266005 US MIAMI, FL 33156 US 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: CAMPO LAURA 04/29/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CAMPO, LAURA D Name: Name: 9200 S DADELAND BLVD STE 320 Address: Address: MIAMI, FL 33156 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: MONICA, LLANOS D Name: 9200 S DADELAND BLVD STE 320 Address: Address: MIAMI, FL 33156 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition GONZALEZ, VANESSA D Name: Name: 9200 S DADELAND BLVD STE 320 Address: Address: City-St-Zip: MIAMI, FL 33156 City-St-Zip: Title: () Delete Title: () Change () Addition CAMPO, VICTÓRIA D

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CAMPO LAURA 04/29/2007 D