


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90817 036 ***150.00

DOCUMENT # P06000019479 1. Entity Name BEZOUZ CORPORATION					
Principal Place of Business 22025 SW 112 AVE MIAMI, FL 33170			Mailing Address 22025 SW 112 AVE MIAMI, FL 33170		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04262007 Chg-P CR2E034 (12/06)	
4. FEI Number 20-4257283				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BHUIYAN, MOHAMMED 11120 SW 196 ST B-205 MIAMI, FL 33157			7. Name and Address of New Registered Agent Name BHUIYAN, MOHAMMED Street Address (P.O. Box Number is Not Acceptable) 8133 S.W. 186 ST City MIAMI FL Zip Code 33157		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHOWDHURY, SAMIEA 11120 SW 196 ST B-205 MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHOWDHURY, SAMIEA 8133 S.W. 186 ST MIAMI, FL 33157	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					