2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

PED OR PRINTED NAME OF SIG

OFFICER OR DIRECTOR

Secretary of State 01-11-2008 90072 002 ***150.00 DOCUMENT # P06000042759 PIZON COMPUTER CONSULTING, INC. 40002126 Principal Place of Business Mailing Address 885 MONTEGO DR PO BOX 15912 W PALM BCH, FL 33415 WEST PALM BEACH, FL 33416 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01042008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4574389 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EVE, PIZON 885 MONTEGO DR. MIAMI, FL 33145 334 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE Delete TITLE Change Addition PIZON, EVE NAME STREET ADDRESS 885 MÖNTEGO DR STREET ADORESS CITY-ST-ZIF W PALM-BCH, FL 33415 CITY-ST-ZIP ☐ Delete HILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete BILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED Jan 11, 2008 8:00 am