FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

FILED

11 DEC -8 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100214990401
12/08/11--01013--009 **550.00

CR2E034B (11/08)

DOCUMENT # P06000057483

1. Entity Name

OZ INDUSTRIES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
211 ATLANTIC ISLE	PO BOX 600900
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUNNY ISLES BCH FL	City & State: NORTH MIAMI BCH FL
Zip: 33160 Country: DADE	Zip: 33160 Country: DADE

4. FEI Number: 75 3214930 — Applied For / Not Applicable

6. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LARRY LACKEY

Street Address (P.O. Box Number is Not Acceptable): 15 PARADISE PLAZA

City: SARASOTA FL Zip Code: 34239

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	OZ AHARON
STREET ADDRESS	211 ATLANTIC ISLE
CITY-ST-ZIP	SUNNY ISLES BCH FL 33160
TITLE	VP
NAME	ERDAL AKKAS
STREET ADDRESS	1229 CRYSTAL SPG LANE
CITY-ST-ZIP	HERNITAGE TN 37076
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	PO 12/8/11

DO NOT WRITE IN THIS SPACE

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 11 with an address, with all other like empowered.

SIGNATURE: _____ 12-7-2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #