

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000076275

FILED
Oct 26, 2008
Secretary of State

Entity Name: EUZEIN INTERNATIONAL INC.

Current Principal Place of Business:

328 N.E. 2ND STREET
HALLANDALE, FL 33009

New Principal Place of Business:

120 NE 2ND AVE
HALLANDALE, FL 33009

Current Mailing Address:

328 N.E. 2ND STREET
HALLANDALE, FL 33009

New Mailing Address:

120 NE 2ND AVE
HALLANDALE, FL 33009

FEI Number: 14-1965064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAZARON, JOANNA
328 N.E. 2ND STREET
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

LAZAROU, JOANNA
120 N.E. 2ND AVE
HALLANDALE, FL 33009 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: JOANNA LAZAROU

10/26/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAZARON, JOANNA
Address: 328 N.E. 2ND STREET
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: MITSAKOS, CHRYSOVALANTIS I
Address: 328 N.E. 2ND STREET
City-St-Zip: HALLANDALE, FL 33009

Title: D () Delete
Name: CHASOMERI, ANNA
Address: 328 N.E. 2ND STREET
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAZAROU, JOANNA
Address: 120 N.E. 2ND AVE
City-St-Zip: HALLANDALE, FL 33009

Title: D (X) Change () Addition
Name: MITSAKOS, CHRYSOVALANTIS I
Address: 120 N.E. 2ND AVE
City-St-Zip: HALLANDALE, FL 33009

Title: D (X) Change () Addition
Name: CHASOMERI, ANNA
Address: 120 N.E. 2ND AVE
City-St-Zip: HALLANDALE, FL 33009

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.

SIGNATURE: JOANNA LAZAROU

D

10/26/2008

Electronic Signature of Signing Officer or Director

Date