

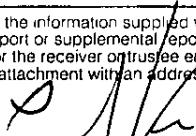


FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # P06000104182			
1. Entity Name ONAZIZ INC			
Principal Place of Business 325 SOUTH BISCAYNE BLVD 1222 MIAMI, FL 33131 US		Mailing Address 325 SOUTH BISCAYNE BLVD 1222 MIAMI, FL 33131 US	
DO NOT WRITE IN THIS SPACE			
		04142008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-5350452	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 TAX DEFENSE CENTER, INC. 2350 W 84TH STREET #18 HIALEAH, FL 33016		DO NOT WRITE IN THIS SPACE	
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 reinstating)</small>		DATE _____	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		00000040/042 05/05/08-80022-015 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P VARGAS, ALVARO 325 S. BISCAYNE BLVD MIAMI, FL 33131	
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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: 		Date _____ Daytime Phone _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			