

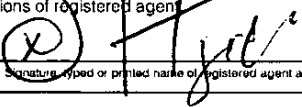
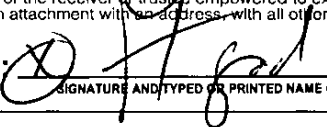


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90036 038 ***150.00

DOCUMENT # P07000000867					
1. Entity Name NIAZ, INC.					
Principal Place of Business 7701 N.W. 56 STREET MIAMI, FL 33166 US			Mailing Address 7701 N.W. 56 STREET MIAMI, FL 33166 US		
2. Principal Place of Business - No P.O. Box # 10270 SW 227 St		3. Mailing Address 10270 SW 227 St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04072008 Chg-P CR2E034 (12/06)	
City & State Miami FL		City & State Miami FL		4. FEI Number 20-8138077	
Zip 33190		Country		Applied For Not Applicable	
Zip 33190		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHOCHET, RANDALL M ESQ. 8305 SOUTH MILITARY TRAIL BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent Name BEHZAD AZADI Street Address (P.O. Box Number is Not Acceptable) 10270 SW 227 St City Miami FL Zip Code 33190		
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 4-7-08	
(NOTE: Registered Agent signature required when reinstating)					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AZADI, BEHZAD 7701 N.W. 56 ST. MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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
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 4-7-08 Daytime Phone # 399-7557	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					