

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

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FILED
May 06, 2008 8:00 am
Secretary of State

03-05-2008 90034 017 ***150.00

DOCUMENT # P07000110340 1. Entity Name VIA-ZIZIE, INC.					
Principal Place of Business 298 S NOVA ROAD SUITE 1 ORMOND BEACH FL 32174			Mailing Address 298 S NOVA ROAD SUITE 1 ORMOND BEACH FL 32174		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	4. FEI Number 26-1210339		
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent AIELLO, TINA MARIE 22 POST TREE LANE PALM COAST FL 32164		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE * President	NAME Tina Aiello		☐ Delete		
STREET ADDRESS 22 POST TREE LANE	CITY- ST- ZIP PALM COAST FL 32164		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY- ST- ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY- ST- ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY- ST- ZIP 		☐ Change ☐ Addition		
TITLE 	NAME 		☐ Delete		
STREET ADDRESS 	CITY- ST- ZIP 		☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					