FILED
Sep 09, 2008 8:00 am
Secretary of State
07-22-2008 90005 026 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000123193

1. Entity Name
PAZ BUSSINES INC.

Principal Place of Business	Mailing Address
5815 NW 44 AV FT LAUDERDALE, FL 33319	5815 NW 44 AV FT LAUDERDALE, FL 33319

66016417

07162008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # : 5815 NW 44 AV
Suite, Apt. #, etc.:
City & State: Ft Lauderdale FL
Zip: 33319 Country: Broward

3. Mailing Address: Same AS ABOVE
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 30-045-0627 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ZALAZAR, ARIEL
5815 NW 44 AV
FT LAUDERDALE, FL 33319

7. Name and Address of New Registered Agent
Name:
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: Ariel R. Zalazar 07/17/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

FILE NOW! FEE IS $150.00
Due by September 12, 2008

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

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

10. OFFICERS AND DIRECTORS

(1) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ariel R. Zalazar 5815 NW 44 AV FT LAUDERDALE FL 33319 ☐ Delete
(2) TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / 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 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: Ariel R. Zalazar 07/17/08 (954) 709 7286
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #