2004, FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P94000004840 1. Entity Name 04-26-2004 90530 019 ***158.75 HAND: - EZZ, INC. Principal Place of Business Mailing Address 307 BARCELONA RD. P.O. BOX 2737 WEST PALM BEACH FL 33401 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State · Applied For City & State 4. FEI Number 77-0260610 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOUZA, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 307 BARCELONA RD. WEST PALM BEACH FL 33401 355 Ellamar Rd. City West Palm Beach the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement of the obligations of registered agent. Robert A. Souza 4 - 23 - 04SIGNATURE. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Delete ☐ Addition SOUZA, ROBERT A NAME NAME STREET ADDRESS STREET ADDRESS 307 BARCELONA RD. 355 Ellamar Rd. CITY-ST-7IP WEST PALM BEACH FL 33401 CITY-ST-ZIP West Palm Beach, FL 33405 TITLE PD ☐ Delete TITLE TX Change ☐ Addition NAME WILSON-SOUZA, JAYNE R NAME 355 Ellamar Rd. 307 BARCELONA RD. STREET ADDRESS STREET ADDRESS West Palm Beach, FL 33405 WEST PALM BEACH FL 33401 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME: BUSLOVICH, VITALIJ-1 NAME STREET ADDRESS 307 BARCELONA RD. STREET ADDRESS 355 Ellamar Rd. CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP West Palm Beach, FL 33405 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 explowered 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 attaziment with an address with all other like empowered.

Robert A. Souza

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-23-04

561-585-5005

Daytime Phone #

FILED