2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 12, 2004 08:00 AM Secretary of State **DOCUMENT # P95000033160** 1. Entity Name FAMZ CORPORATION Principal Place of Business Mailing Address 21058 W. DIXIE HWY 18999 BISCAYNE BLVD., SUITE 205 NORTH MIAMI BEACH, FL 33180 NORTH MIAMI BEACH, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc 03042004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0576252 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALI, MUNIRA Street Address (P.O. Box Number is Not Acceptable) 3362 SW 51 STREET FT. LAUDERDALE, FL 33312 City 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and tifle if applicable (NOTE: Registered Agent signature required wher-reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2004 Fee will be \$550.00 Added to Fees 10. ADDITIONS/CHANGES TO ORTHOGRAS AND BIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **PVD** TITLE ☐ Delete TITLE Addition UCC02011033* ALI, MUNIRA NAME NAME STREET ADDRESS 3362 SW 51ST STREET STREET ADDRESS 94 - 3.04-5.003-504 (50.30 CITY-ST-ZIP FT. LAUDERDALE, FL 33312 CITY-ST-ZIP SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALI, ANWAR NAME NAME STREET ADDRESS 3362 SW 51 ST STREET ADDRESS CITY ST-ZIP FT LAUDERDALE, FL 33312 CITY - ST - ZIP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY - ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 12. Thereby 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 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.

FILED

954-893-9146