

ANNUAL REPORT

DOCUMENT # P96000039630

1. Entity Name
JAZID, INC.



FILED
Apr 26, 2004 08:00 AM
Secretary of State

Principal Place of Business
1342 WASHINGTON AVE
MIAMI BEACH, FL 33139

Mailing Address
3899 NW 7TH ST
STE-203
MIAMI, FL 33126



01222004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0663388

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAZZOLI, CESALE
1342 WASHINGTON AVE
MIAMI BEACH, FL 33139

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DPTS
MAZZOLI, CESARE
1342 WASHINGTON AVE
MIAMI BEACH, FL 33139

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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04/26/04-80074-001 150.00

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 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 PRINTED NAME OF REGISTERED AGENT OR NEWSTY

April 10/04

Printed Name

Printed Name