## FILED Jul 18, 2003 8:00 am Secretary of State

07-18-2003 90078 038 \*\*\*150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000039630 1. Entity Name JAZID, INC. 90144562 Mailing Address Principal Place of Business 3899 NW 7TH ST 1342 WASHINGTON AVE MIANI BEACH, FL 33139 STE-203 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Api. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0663388 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired NAE, JACOB E 3899 NW 7TH ST STE-203 MIAMI, FL 33126 alyn1Am/ Beach routs this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am fragent. The above named entity submit the obligations of registered age 9. Election Campaign Financing \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. (10/02) ☐ Delele THE TOLE ☐ Change ☐ Addition MAZZOLI, CESARE MAKE NAME 1342 WASHINGTON AVE STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-ZIP CITY-ST-ZP TITLE Delete TIFLE ☐ Change ☐ Addition ST REET ADDRESS STREET ADDRESS CITY-ST-28 CNY-St-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE [ ] (lelete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-S1-2P COY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP titie ☐ Delete 1d F ☐ Change MAME HALLE STREET ADDRESS STREET ADDRESS City-S1-2P CffY-57-2IP 12. I hereby certify that the information supplied with this filling boas not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on his 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 a required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, yet all other like empowered. SIGNATURE: E OF SIGNING OFFICER OR DIRECTOR

Machanent 90144562

Division of Corporations - Tallahassee, FL 32302

REF: AZID, INC.
DOC #:P96000039630
ANNUAL BUSINESS REPORT 2003

## TO WHOM IT MAY CONCERN:

We are sending a filled out blank annual report to your Department because we never received the original report. Please accept our apologies and accept this \$ 150.00 filling fee. We apologize for any inconvenience this may have caused. Our office never meant to send the report late. Thank you very much for your cooperation. Any questions please feel free to contact me at (305) 541-3980.

Sincerely,

President