2005 FOR PROFIT CORPORATION

Apr 08, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P97000027185** 04-08-2005 90083 003 ***150.00 T Z ÉNTERPRISES, INC. Principal Place of Business Mailing Address 1210 SW 4TH AVENUE 1210 SW 4TH AVENUE POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03312005 CR2E034 (10/03) Applied For City & State 4. FEI Number AUN6S 65-0744540 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 2013 ZUB, TIM Street Address (P.O. Box Number is Not Acceptable) 1210 SW 4TH AVENUE POMPANO BEACH, FL 33060 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 fai the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, D TITLE ☐ Delete TITLE ZUB, TIM NAME NAME ZuB 1678 STREET ADDRESS 1210 SW 4TH AVENUE STREET ADDRESS CITY-ST-7/P POMPANO BEACH, FL 33060 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Delete ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DTI E Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete ☐ Addition DDF NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP

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:

FILED