

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED  
Mar 30, 2004 08:00 AM  
Secretary of State**

DOCUMENT # P97000053900					
1. Entity Name <b>JZG ENTERPRISES, INC.</b>					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business <b>1667 W 4TH STREET</b> <small>Suite, Apt. #, etc.</small>			3. Mailing Address <b>1667 W 4TH STREET</b> <small>Suite, Apt. #, etc.</small>		
City & State <b>HIALEAH FL</b> <small>Zip</small> <b>33010</b> <small>Country</small>			City & State <b>HIALEAH FL</b> <small>Zip</small> <b>33010</b> <small>Country</small>		
4. FEI Number <b>65-0762918</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			7. Name and Address of Current Registered Agent		
			Name <b>JOHNNY TSIMOGIANNIS</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>999 PONCE DE LEON BLVD</b>		
			<b>SUITE 601</b>		
			City <b>CORAL GABLES</b> <b>FL</b> <small>Zip Code</small> <b>33134</b>		
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 _____ <span style="float: right;">03/30/04-80003-024 150.00</span>					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DOVT MARTINEZ, JOSLYN 740 E 16TH PLACE HIALEAH, FL 33010	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARINEZ, JOSLYN 740 E 16TH PLACE HIALEAH, DL 33010	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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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 on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Joslyn Martinez</i>		JOSLYN MARTINEZ		03/04/04 305-442-1028	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	