2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000107043

Entity Name: KAZE DESIGN GROUP, INC.

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Principal Place of Business:	New Finicipal Flace of Business:

15665 MIAMI LAKE WYA NORTH 15665 MIAMI LAKEWAY NORTH

01 301

HIALEAH, FL 33014 US HIALEAH, FL 33014 US

Current Mailing Address: New Mailing Address:

45665 MIAMI LAKE WYA NORTH 15665 MIAMI LAKEWAY NORTH

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HIALEAH, FL 33014 US HIALEAH, FL 33014 US

FEI Number: 65-0802165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VERA, JUSTO VERA, JUSTO

15665 MIAMI LAKEWAY NORTH 15665 MIAMI LAKEWAY NORTH

APT 304 APT 301 HIALEAH, FL 33014 US HIALEAH, FL 33014 US

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.

SIGNATURE: JUSTO VERA 04/26/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: () Change () Addition

Name: VERA, JUSTO Name: Address: 15665 MIAMI LAKEWAY NORTH APT 301 Address:

City-St-Zip: HIALEAH, FL 33014 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 TRIAGO, EDUARDO I
 Name:
 ITRIAGO, EDUARDO I

 Address:
 2289 PASADENA WAY
 Address:
 2289 PASADENA WAY

 City-St-Zip:
 WESTON, FL 33327
 City-St-Zip:
 WESTON, FL 33327

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUSTO VERA PSTD 04/26/2005