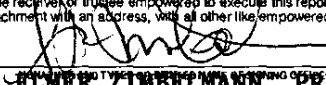


FILED

03 AUG 27 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**AMENDED**
2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022247			
1. Entity Name E.Z. HOME IMPROVEMENTS, INC.			
Principal Place of Business 1497 N.W. 7TH STREET MIAMI, FL 33125 US		Mailing Address P.O. BOX 97-1669 MIAMI, FL 33197-1669	
2. Principal Place of Business 22295 SW 260 Street		3. Mailing Address P.O. Box 97-1669	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Homestead, FL		City & State Miami, FL 33197-1669	
Zip 33031		Zip 33197	
Country Miami-Dade		Country Miami-Dade	
6. Name and Address of Current Registered Agent ZIMBELMANN, ELMER 22295 S.W. 260TH STREET HOMESTEAD, FL 33031		7. Name and Address of New Registered Agent Name n/a Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and UBR filer applicable. (NOTE: Registered Agent's signature required when submitting)			
FILE NOW!!! FEES \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIMBELMANN, ELMER 22295 SW 260TH STREET HOMESTEAD, FL 33031 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Treasurer ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOIG-ZIMBELMANN, Janet ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	22295 SW 260th Street ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Homestead, FL 33031 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 807, 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:  ELMER ZIMBELMANN, PRESIDENT		7/15/03 (305) 235-6562 Date Daytime Phone	

400022616894
08/27/03--01065--005 **61.25☒ CHECK HERE IF MAKING CHANGES4. FEI Number **65-0836025** Applied For ☐ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (10/02)

7/15/03