2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P98000029639 1. Entity Name EDAZAO ENTEDDDISES INC

FILED Feb 28, 2007 8:00 am Secretary of State

02-28-2007 90010 040 ***150.00

FRAZAU ENTERPRISES, INC.												
Principal Place of Business 925 WEST 15TH ST. RIVIERA BEACH FL 33404			Mailing Address 925 WEST 15TH ST. RIVIERA BEACH FL 33404									
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address										
Suite, Apt. #, etc.		Suile. Apl. #, etc.				1st MOORE CR2E034 (10/06)						
City & State	e	City & State				4. FEI Number 65-0819271 Applied For Not Applicable						
Zip	Country	Country				5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent							7. Name and	d Address of	New Regist	ered A	gent	
					Name							
104	AZAO, MANUEL 8 WEST SHORE DR ST PALM BEACH FL 33406					Street Address (P.O. Box Number is Not Acceptable)						
**	OT TALIVI DEACTITE 33400	•										
					City				<u> </u>	FL	Zip Co	ode
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. Lam familiar with, and acc the obligations of registered agent.										h, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent	and title apr	blicable (NOTE F	logistere:	ed Agent signature r	reaured	when teinslating)			DATE		
F	ILE NOW!!! FEE IS \$150.00											
After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State								9. Election Trust Fur	Campaign F nd Contribut			5.00 May Be Ided to Fees
10.	OFFICERS AND DIRECTORS 1						ADDITIONS	CHANGES T	O OFFICER	S AND I	DIRECTO	RS IN 11
TOTAL.	D SPAZAO MANUEL		☐ Delete	HILE	I .						Change	: Addilion
NAME STREET ADDRESS	FRAZAO, MANUEL 1048 WEST SHORE DR			NAM	IE Let address							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 eath; 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2307 501-845-1855 Date Daysure Phone #