

FROM : BAZZI AIR INC

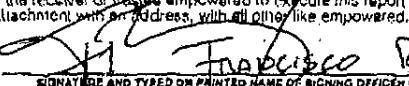
FAX NO. : 305 387 8421

Sep. 09 2004 04:17PM P1

FILED

Sep 13, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000011728		
1. Entity Name BAZZI-AIR, INC.		
Principal Place of Business 4436 N.W. 74 AVE MIAMI, FL 33166		Mailing Address 4436 N.W. 74 AVE MIAMI, FL 33166
DO NOT WRITE IN THIS SPACE		
		 09012004 No Chg-P CR2E034 (10/03)
		4. FGI Number 65-0892951
		5. Certificate of Status Desired ☐ \$8.75 Additional Fec Required
6. Name and Address of Current Registered Agent BAZZICHELLI, FRANCESCA 14205 S.W. 91ST STREET MIAMI, FL 33186		DO NOT WRITE IN THIS SPACE
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 _____ Signature, typed or printed name of registered agent and sign if applicable. (NOTE: Registered Agent signature required when releasing)		
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice
TO: OFFICERS AND DIRECTORS		
TITLE	D	
NAME	BAZZICHELLI, FRANCESCA	
STREET ADDRESS	14205 S.W. 91ST STREET	
CITY- ST- ZIP	MIAMI, FL 33186	
TITLE	D	
NAME	RUIZ, FRANCISCO E	
STREET ADDRESS	14205 S.W. 91ST STREET	
CITY- ST- ZIP	MIAMI, FL 33186	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: 		09-06-04 305-594-8431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #