


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000103177 1. Entity Name BZT, INC.	
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Principal Place of Business 8640 SEMINOLE BOULEVARD SEMINOLE, FL 33772	Mailing Address 108 CAMBRIDGE CRESCENT RICHMOND HILL, ONTARIO, L4C-6C3
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DO NOT WRITE IN THIS SPACE



02132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3625304	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HOFSTRA, PETER T
8640 SEMINOLE BOULEVARD
SEMINOLE, FL 33772

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D METTEL, BRUNO 108 CAMBRIDGE CRESCENT RICHMOND HILL, ONTARIO CANAD, L4C 6C3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENCZIK, ZOLTAN 3 HOUNDSBROOK CRESCENT MARKHAM, ONT, L3p7t8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDERKOLFF, ANTHONY 4629 KINGSTON ROAD WEST HILL, ONTARIO, CANADA, MIE 2P7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/23/04-80116-017 150.00

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IN THIS SPACE**

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: <u><i>Bruno Mettel</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>Feb 18/04</u> Date	<u>905-881-8610</u> Daytime Phone #
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