

**-2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000103177

1. Entity Name  
BZT, INC.



Principal Place of Business  
8640 SEMINOLE BOULEVARD  
SEMINOLE, FL 33772

Mailing Address  
108 CAMBRIDGE CRESCENT  
RICHMOND HILL, ONTARIO, L4C-6C3



03242005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3625304

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME METTEL, BRUNO  
STREET ADDRESS 108 CAMBRIDGE CRESCENT  
CITY-ST-ZIP RICHMOND HILL, ONTARIO CANAD, L4C 6C3

TITLE D  
NAME BENCIK, ZOLTAN  
STREET ADDRESS 3 HOUNSBROOK CRESCENT  
CITY-ST-ZIP MARKHAM, ONT, L3p7l8

TITLE D  
NAME VANDERKOLFF, ANTHONY  
STREET ADDRESS 4629 KINGSTON ROAD  
CITY-ST-ZIP WEST HILL, ONTARIO, CANADA, M1E 2P7

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

1100100285397  
04/02/05-80042-021 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRUNO METTEL 3/24/05 905-881-8610