


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000082028
 1. Entity Name
 Z AND Z AUTO CENTER, INC.



Principal Place of Business Mailing Address
 2501 W. SAMPLE RD. 2501 W. SAMPLE RD.
 DEERFIELD BCH, FL 33073 DEERFIELD BCH, FL 33073



03312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 14-1841696 Not Applicable

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

6. Name and Address of Current Registered Agent
 SCHWARTZ, ERIC R
 3601 W. COMMERCIAL BLVD., SUITE 31
 FT. LAUDERDALE, FL 33309

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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 _____ (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	ZIVAN, JACOB
STREET ADDRESS	2501 W. SAMPLE RD.
CITY-ST-ZIP	DEERFIELD BCH, FL 33073
TITLE	D
NAME	ZIVAN, BRURIA
STREET ADDRESS	2501 W. SAMPLE RD.
CITY-ST-ZIP	DEERFIELD BCH, FL 33073
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/13/05-80065-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9.07(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, in all other like empowered.

SIGNATURE: *[Signature]* *Bruria Zivan 4/8/05* *954-929-5521*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #