


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90448 035 \*\*\*150.00

<b>DOCUMENT # P06000059793</b>			
1. Entity Name <b>Z &amp; Z MAINTENANCE SERVICES INC</b>			
Principal Place of Business 2123 S KIRKMAN RD APT 167 ORLANDO, FL 32811		Mailing Address 2123 S KIRKMAN RD APT 167 ORLANDO, FL 32811	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ZAPATA, CARLOS A 2123 S KIRKMAN RD APT 167 ORLANDO, FL 32811		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD ZAPATA, CARLOS A 2123 S KIRKMAN RD APT 167 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: <i>X Carlos Alberto Zapata</i>		Date: <i>3/12/07</i>	Deform Phone #: <i>321-243-5846</i>

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03112007 Chg-P CR2E034 (12/06)

4. FEI Number **209825536** Applied For Not Applicable

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