


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

06-02-2008 90003 007 ***158.75

DOCUMENT # P06000059793					
1. Entity Name Z & Z MAINTENANCE SERVICES INC					
Principal Place of Business 2123 S KIRKMAN RD APT 167 ORLANDO, FL 32811 <i>732 Fortanini Circle Ocoee, FL 34761</i>			Mailing Address 2123 S KIRKMAN RD APT 167 ORLANDO, FL 32811		
2. Principal Place of Business - No P.O. Box # <i>732 Fortanini Circle</i>			3. Mailing Address <i>732 Fortanini Circle</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Ocoee, FL</i>		City & State <i>Ocoee, FL</i>		4. FEI Number 20-9825536	
Zip <i>34761</i>		Country <i>USA</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAPATA, CARLOS A 2123 S KIRKMAN RD APT 167 ORLANDO, FL 32811			7. Name and Address of New Registered Agent Name <i>Zapata, Carlos A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>732 Fortanini Circle</i> City <i>Ocoee</i> FL Zip Code <i>34761</i>		
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 <i>[Signature]</i>		Signature, typed or printed name of registered agent and title, if applicable: Carlos A. Zapata		DATE <i>5/14/08</i>	
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD Zapata, Carlos A. 732 Fortanini Circle Ocoee, FL 34761	<input checked="" 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>[Signature]</i>		Signature and typed or printed name of signing officer or director: Carlos A. Zapata		Date: <i>5/14/08</i> Daytime Phone #: <i>321-251-0549</i>	