2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000047996

1. Entity Name

Z&V CORPORATION



Mailing Address

Principal Place of Business 180 CRANDON BLVD

119

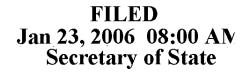
KEY BISCAYNE, FL 33149

180 CRANDON BLVD

SUITE 119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEY BISCAYNE, FL 33149





DO NOT WRITE IN THIS SPACE

01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0424112 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAMERO, ZULMA 137 NE 107TH ST MIAMI SHORES, FL 33161

SIGNATURE:

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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when refirstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campalgn Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAMERO, ZULMA 137 NE 107TH ST MIAMI SHORES, FL 33161			··
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VP GISCARD, PAUL 137 NE 107 STREET MIAMI SHORES, FL 33161			######################################
TITLE NAME STREET ADORESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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.				