


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000097668
 1. Entity Name
 AKZ GROOMING, INC.



Principal Place of Business
 6219 JOHNSON STREET
 HOLLYWOOD, FL 33024

Mailing Address
 6219 JOHNSON STREET
 HOLLYWOOD, FL 33024

DO NOT WRITE IN THIS SPACE



07022004 No Chg-P CR2E034 (10/03)

4. FEI Number
 65-0962372 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

COTTONE, R CHRIS
 C/O GREENTREE FINANCIAL SVS CORP
 2901 S PALM-AIRE DR STE 107
 POMPANO BEACH, FL 33069

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NARBONE, VINCENT
STREET ADDRESS	6219 JOHNSON STREET
CITY - ST - ZIP	HOLLYWOOD, FL 33024
TITLE	VSTD
NAME	NARBONE, DOROTHY
STREET ADDRESS	6219 JOHNSON STREET
CITY - ST - ZIP	HOLLYWOOD, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 07/14/04-80004-003 150.00

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: Charles NARBONE July 10, 2004 954981-1175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #