

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000106856

Entity Name: ACTION ADZ, INC.**Current Principal Place of Business:**1950 NW 39TH AVE
COCONUT CREEK, FL 33066**Current Mailing Address:**1950 NW 39TH AVE
COCONUT CREEK, FL 33066 US**FEI Number:** 20-1896406**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OSTERGAARD, CHRISTINA
1950 NW 39TH AVE
COCONUT CREEK, FL 33066 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title PRES
Name OSTERGAARD, CHRISTINA L
Address 1950 NW 39TH AVE
City-State-Zip: COCONUT CREEK FL 33066Title PRES
Name OSTERGAARD, CHRISTINA L
Address 1950 NW 39TH AVE
City-State-Zip: COCONUT CREEK FL 33066Title PRES
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Name OSTERGAARD, CHRISTINA L
Address 1950 NW 39TH AVE
City-State-Zip: COCONUT CREEK FL 33066Title PRES
Name OSTERGAARD, CHRISTINA L
Address 1950 NW 39TH AVE
City-State-Zip: COCONUT CREEK FL 33066

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINA OSTERGAARD

PRESIDENT

04/27/2013

Electronic Signature of Signing Officer/Director Detail_____
Date