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2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90070 006 ***150.00

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1. Entity Name
A-Z CREATIONS, INC.



Principal Place of Business

36 NE 1ST STREET
SUITE 134
MIAMI, FL 33132

Mailing Address

36 NE 1ST STREET
SUITE 134
MIAMI, FL 33132



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2428749

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ZAFIRIS, ANASTASIOS
36 NE 1ST STREET
SUITE 134
MIAMI, FL 33132

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Co \$5.00 May Be

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ZAFIRIS, ANASTASIOS
36 NE 1ST STREET #134
MIAMI, FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
ZAFIRIS, DESPINA
36 NE 1ST STREET #134
MIAMI, FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Please change
Address

A-2 CREATIONS
17 EAST FLAGLER
STREET SUITE 222
MIAMI FL 33130

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-07