


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # J31983 1. Entity Name Y.Z.Y., INC. |  |
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|---|---|
| Principal Place of Business 6300 NW 72ND AVENUE MIAMI, FL 33166 | Mailing Address 6300 NW 72ND AVENUE MIAMI, FL 33166 |
|---|---|



04212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-2762879 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

BOUSKILA, SHIMON
6300 NW 72ND AVENUE
MIAMI, FL 33166

**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 reissuing)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000329340
04/25/05-80128-024 158.75

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BOUSKILA, SHIMON 6300 NW 72ND AVENUE MIAMI, FL 33166 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SHECHTER, ZVI 6300 NW 72ND AVE MIAMI, FL 33166 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2005 (305) 471-0103
Date Daytime Phone #