

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69881

Entity Name: LZ ASSOCIATES, INC.

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

1039 HARRISON STREET
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 222227
HOLLYWOOD, FL 33022

New Mailing Address:

FEI Number: 26-4629730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWARTZ, MILLIE
POST OFFICE BOX 222227
HOLLYWOOD, FL 33022 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHWARTZ, MILLIE
Address: 1039 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: SD () Delete
Name: SCHWARTZ, MARTIN J
Address: 1039 HARRISON STREET
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MILLIE SCHWARTZ

PD

01/05/2006

Electronic Signature of Signing Officer or Director

Date