


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90052 027 ***150.00

DOCUMENT # P00000034316

1. Entity Name
A TO Z FINANCIAL COMPUTER SERVICES, INC.



| | |
|---|---|
| Principal Place of Business 5581 CEDAR OAK BOULEVARD SARASOTA, FL 34233 666 DEERING CIRCLE SARASOTA FL 34240 | Mailing Address 5581 CEDAR OAK BOULEVARD SARASOTA, FL 34233 666 DEERING CIRCLE SARASOTA FL 34240 |
| 2. Principal Place of Business | 3. Mailing Address |

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



01122005 Chg-P CR2E034 (10/03)

4. FEI Number **65-1006597**

| |
|----------------|
| Applied For |
| Not Applicable |

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

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134 | Name |
| | Street Address (P.O. Box Number is Not Acceptable) |
| | City |
| | State FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) 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**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD ZIMARDO, ANTHONY 5581 CEDAR OAK BOULEVARD SARASOTA, FL 34233 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ANTHONY ZIMARDO 666 DEERING CIRCLE SARASOTA, FL 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVD ZIMARDO, DEBORAH 5581 CEDAR OAK BOULEVARD SARASOTA, FL 34233 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DEBORAH ZIMARDO 666 DEERING CIRCLE SARASOTA, FL 34240 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

Date: **1/11/05** Daytime Phone #: **941-371-1131**