

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000051031**

1. Entity Name  
**Z & Z, INC.**



Principal Place of Business  
**61 S.E. 11TH STREET  
POMPANO BEACH, FL 33060**

Mailing Address  
**61 S.E. 11TH STREET  
POMPANO BEACH, FL 33060**



04032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1017813**

Applied For  
**Not Applicable**

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

6. Name and Address of Current Registered Agent

**ZASCAVAGE, ANNE CHRISTINE  
61 S.E. 11TH STREET  
POMPANO BEACH, FL 33060**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000433010  
04/19/06-800688-003 158.75

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>ZASCAVAGE, BRYAN</b>
STREET ADDRESS	<b>61 S.E. 11TH STREET</b>
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33060</b>
TITLE	<b>D</b>
NAME	<b>ZASCAVAGE, ANNE CHRISTINE</b>
STREET ADDRESS	<b>61 S.E. 11TH STREET</b>
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33060</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Handwritten Signature: Anne Christine Zascavage* **ANNE CHRISTINE ZASCAVAGE** 4/3/06 954-942-0143  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #