FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90145 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000022811

1. Entity Name
Z & A REALTY GROUP, INC.

[redacted]

60018626

Principal Place of Business	Mailing Address
2031 RENAISSANCE BLVD #106 MIRAMAR, FL 33025	2031 RENAISSANCE BLVD #106 MIRAMAR, FL 33025

2. Principal Place of Business	3. Mailing Address
2321 Pine Needle Ct.	2321 Pine Needle Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Pembroke Pines, FL
Zip: 33026 Country: USA	Zip: 33026 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1092451 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SHERMAN, KAREN E
2031 RENAISSANCE BLVD #106
MIRAMAR, FL 33025

7. Name and Address of New Registered Agent

Name: Karen E. Sherman
Street Address (P.O. Box Number Is Not Acceptable): 2321 Pine Needle Court
City: Pembroke Pines, FL Zip Code: 33026

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: Karen Sherman, Director, Karen Sherman 4/11/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SHERMAN, KAREN E		NAME		
STREET ADDRESS	2031 RENAISSANCE BLVD #106		STREET ADDRESS		
CITY-ST-ZIP	MIRAMAR, FL 33025		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: Karen Sherman Director 4/11/03 954-499 0185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #