## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P01000099247 S & Z INVESTORS, INC. Principal Place of Business Mailing Address 1200 NE MIAMI GARDENS DR 1200 NE MIAMI GARDENS DR #920 #920 MIAMI, FL 33179 MIAMI, FL 33179 02232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1146367 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHABABO, ZEEV DO NOT WRITE 1200 NE MIAMI GARDENS DR #920 IN THIS SPACE MIAMI, FL 33179 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 reinstaling) 000000086349 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 03/12/04-80020-015 150.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SHABABO, ZEEV NAME STREET ADDRESS 1200 NE MIAMI GARDENS DR #920 MIAMI, FL 33179 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 popular or control 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date Dayling Phone

**FILED** 

Mar 12, 2004 08:00 AM