

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**3 Apr 18, 2005 8:00 am
Secretary of State**

03-30-2005 90029 007 ***150.00

DOCUMENT # P01000099247

1. Entity Name
S & Z INVESTORS, INC.



Principal Place of Business
**1200 NE MIAMI GARDENS DR
#920
MIAMI, FL 33179**

Mailing Address
**1200 NE MIAMI GARDENS DR
#920
MIAMI, FL 33179**

66010946



DO NOT WRITE IN THIS SPACE

03222005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1146367

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHABABO, ZEEV
1200 NE MIAMI GARDENS DR
#920
MIAMI, FL 33179**

**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 **ZEEV SHABABO** *zeen shahabo* **3/25/05**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning) 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

TITLE **D**
NAME **SHABABO, ZEEV**
STREET ADDRESS **1200 NE MIAMI GARDENS DR #920**
CITY-ST-ZIP **MIAMI, FL 33179**

TITLE
NAME
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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: **ZEEV SHABABO** *zeen shahabo* **4/15/05** **954.600.0608**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone