


FILED
May 05, 2004 8:00 am
Secretary of State

04-19-2004 90281 040 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000043090 1. Entity Name AL Z'S TAILOR SHOP, INC.		
Principal Place of Business 2116 N FEDERAL HWY BOCA RATON, FL 33431	Mailing Address 1300 N. FEDERAL HWY., SUITE 208 BOCA RATON, FL 33432	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MILLER, COREY P 1300 N. FEDERAL HWY., SUITE 208 BOCA RATON, FL 33432		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMMATARO, UMBERTO 4324 S. OCEAN BLVD., #C BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZAMMATARO ROSE <i>Pres</i> 4324 S OCEAN BLV HIGHLAND BEACH FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Paul Sommers</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>		4/10/04 561 3682614 <small>Date Daytime Phone #</small>

66413446



04102004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1015445	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	