

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2005 08:00 AM  
Secretary of State

DOCUMENT # P02000043090

1. Entity Name

AL Z'S TAILOR SHOP, INC.

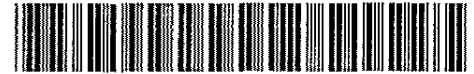


Principal Place of Business

2116 N FEDERAL HWY  
BOCA RATON FL 33431

Mailing Address

1300 N. FEDERAL HWY., SUITE 208  
BOCA RATON FL 33432



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1015445

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, COREY P  
1300 N. FEDERAL HWY., SUITE 208  
BOCA RATON FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
ZAMMATARO, UMBERTO  
4324 S. OCEAN BLVD., #C  
BOCA RATON FL 33487 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
000000246338  
02/28/05-80062-006 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
ZAMMATARO, ROSE  
4324 S OCEAN BLVD.  
BOCA RATON FL 33487 ☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/05