

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90104 021 ***150.00

DOCUMENT # P02000082028 1. Entity Name Z AND Z AUTO CENTER, INC.					
Principal Place of Business 2501 W. SAMPLE RD. DEERFIELD BCH, FL 33073			Mailing Address 2501 W. SAMPLE RD. DEERFIELD BCH, FL 33073		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 14-1841696	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHWARTZ, ERIC R 3601 W. COMMERCIAL BLVD., SUITE 31 FT. LAUDERDALE, FL 33309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00... After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIVAN, JACOB 2501 W. SAMPLE RD. DEERFIELD BCH, FL 33073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIVAN, BRURIA 2501 W. SAMPLE RD. DEERFIELD BCH, FL 33073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIVAN, BRURIA 2501 W. SAMPLE RD. DEERFIELD BCH, FL 33073	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIVAN, BRURIA 2501 W. SAMPLE RD. DEERFIELD BCH, FL 33073	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>BRURIA Zivan</u> Date: <u>2/9/06</u> Daytime Phone #: <u>934-979-5521</u>					