

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90042 028 ***150.00

DOCUMENT # P02000120478					
1. Entity Name A TO Z SERVICES AND BUSINESS, CORP.					
Principal Place of Business 6299 WEST SUNRISE BLVD., #201 SUNRISE, FL 33313			Mailing Address 6299 WEST SUNRISE BLVD., #201 APT 405-E SUNRISE, FL 33313		
2. Principal Place of Business 2540 N. University dr.		3. Mailing Address 2540 N. University dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sunrise, FL		City & State Sunrise, FL		4. FEI Number 06-1658432	
Zip 33322		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORDA, CLARA Y 6995 NW 186 ST APT 405-E MIAMI LAKES, FL 33015			7. Name and Address of New Registered Agent Name: Borda, Clara Y Street Address (P.O. Box Number's Not Acceptable): 6290 NW 186 ST. APT # 125 City: Miami FL Zip Code 33015		
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 qualifications of registered agent. SIGNATURE: <u><i>Clara Y Borda</i></u> 03/24/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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	P BORDA, CLARA Y 6995 NW 186 ST APT 405-E MIAMI LAKES, FL 33015	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	VP VARON, JAIRO E 6995 NW 186 ST APT 405-E WESTON, FL 33015	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 a other, is empowered.					
SIGNATURE: <u><i>Clara Y Borda</i></u>					03/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					