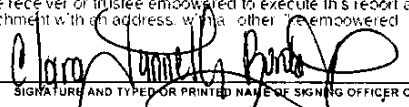


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90104 042 ***150.00

DOCUMENT # P02000120478 1. Entity Name A TO Z SERVICES AND BUSINESS, CORP.					
Principal Place of Business 2540 N. UNIVERSITY DR. FORT LAUDERDALE, FL 33322			Mailing Address 2540 N. UNIVERSITY DR. FORT LAUDERDALE, FL 33322		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country		4. FEI Number 06-1658432	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Accepted For Not Accepted	
6. Name and Address of Current Registered Agent BORDA, CLARA Y 6290 NW 186 ST. APT 125 HIALEAH, FL 33015			7. Name and Address of New Registered Agent Name Borda, clara y. Street Address (P.O. Box Number is Not Accepted) 6290 NW 173th Apt. 125 City MINNI LAKES 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 6290 NW 173 ST, APT #125 HIALEAH, FL 33015 ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	VP VARON, JAIRO E 6290 NW 173ST APT.#125 HIALEAH, FL 33015 ☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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 a other (unempowered)					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					