

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90137 021 ***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
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2. Principal Place of Business - If P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192007 Chg-P CR2E034 (12/06)

4. FEI Number 06-1658432	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BORDA, CLARA Y 6290 NW 186 ST. APT 125 HIALEAH, FL 33015		Name	
		Street Address (P.O. Box Number is Not Accepted)	
		City	
		State 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: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONAL 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
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ 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
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 118, 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 I 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.

SIGNATURE: Clara Y Borda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR