


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90562 014 ***150.00

DOCUMENT # P03000045829	
1. Entity Name Z & Z SERVICES INC.	

Principal Place of Business 10910 SW 69 DR HOUSE MIAMI, FL 33173	Mailing Address 10910 SW 69 DR MIAMI, FL 33173
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2. Principal Place of Business 10910 S.W. - 69TH DR	3. Mailing Address 10910 S.W. - 69TH DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04072005 Chg-P CR2E034 (10/03)

City & State MIAMI, FLA	City & State MIAMI
Zip 33173	Country DADE
Zip FLA	Country DADE

4. FEI Number 14-1882183	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
DIAZ, HUGO R 10910 SW 69 DR MIAMI, FL 33173	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P DIAZ, HUGO R
STREET ADDRESS	10910 SW 69 DR
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	<input type="checkbox"/> Delete
NAME	V GARCIA, LUIS
STREET ADDRESS	10910 SW 69 DR
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	<input type="checkbox"/> Delete
NAME	S HERNANDEZ, REINALDO
STREET ADDRESS	10910 SW 69 DR
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 #
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