## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: Ered Y or Sowity
SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 13, 2006 8:00 am Secretary of State DOCUMENT # P03000051617 1. Entity Name 03-13-2006 90082 033 \*\*\*150 00 THE YOZ GROUP, INC. Principal Place of Business Mailing Address 937T N.E. 15TH STREET PLANTATION FL 33322 P O BOX 223592 HOLLYWOOD FL 33022 2. Principal Place of Business 3. Mailing Address 7546 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For Parkl 02-0690304 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 3<u>3076</u> Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOSKOWITZ, MARTIN <del>9371 N.E. 15TH STREE</del>T Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33322 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. DATE (NOTE; Registered Agent signature required when roinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME YOSKOWITZ, MARTIN NAME 7546 NW 116 Lane STREET ADDRESS STREET ADDRESS 9371 N.E. 15TH STREET PLANTATION FL-33322 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE YOSKOWITZ, FRED NAME NAME STREET ADDRESS STREET ADDRESS 7546 NW 116 LANE CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33076 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition Delete ☐ Change TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

**FILED** 

Daytime Phone #