


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-30-2007 90126 007 ***150.00

DOCUMENT # P03000051617
 1. Entity Name
THE YOZ GROUP, INC.



Principal Place of Business
7546 NW 116 LANE
POMPANO BEACH, FL 33076

Mailing Address
P O BOX 223592
HOLLYWOOD, FL 33022

40045170



2. Principal Place of Business - No P.O. Box #
660 GRAYHAWK AVENUE

3. Mailing Address
660 GRAYHAWK AVENUE

Suite, Apt. #, etc.

03132007 Chg-P CR2E034 (12/06)

City & State
PLANTATION, FL

City & State
PLANTATION, FL

Zip Country
33324 USA

Zip Country
33324 USA

4. FEI Number
02-0690304

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

YOSKOWITZ, MARTIN
9371 N.E. 15TH STREET
PLANTATION, FL 33322

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
660 GRAYHAWK AVENUE

City **PLANTATION,** State **FL** Zip Code **33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	YOSKOWITZ, MARTIN	
STREET ADDRESS	7546 NW 116 LANE	
CITY-ST-ZIP	POMPANO BEACH, FL 33076	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	YOSKOWITZ, FRED	
STREET ADDRESS	7546 NW 116 LANE	
CITY-ST-ZIP	PARKLAND, FL 33076	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	660 GRAYHAWK AVENUE	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARSHA YOSKOWITZ	
STREET ADDRESS	660 GRAYHAWK AVENUE	
CITY-ST-ZIP	PLANTATION, FL 33324	
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 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 all other info empowered.

SIGNATURE: _____ Date **3-16-07** Daytime Phone # **305-932-7333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTIN YOSKOWITZ