


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000143365 1. Entity Name A 2 Z YACHT REFINISHING CORPORATION	
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 18 AM 11:48

Principal Place of Business 2501 NW 162 STREET OPA LOCKA, FL 33054	Mailing Address 2501 NW 162 STREET OPA LOCKA, FL 33054
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07162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0097487	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEGAIR, BASIL
2501 NW 162ND STREET
OPA LOCKA, FL 33054

DO NOT WRITE
IN THIS SPACE

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

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fee **00109597277**
 09/18/07--01064--018 **558.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD LEGAIR, BASIL 2501 NW 162 STREET OPA LOCKA, FL 33054
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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 like empowered.

SIGNATURE: BASIL LEGAIR 9/18/07 305303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #