

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000048016

1. Entity Name
Z & Z INTERNATIONAL CORPORATION, INC.



Principal Place of Business

13310 N. 56TH ST
TEMPLE TERRACE, FL 33617

Mailing Address

13310 N. 56TH ST.
TEMPLE TERRACE, FL 33617

FILED
Apr 26, 2007 08:00 A
Secretary of State



01222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0772208

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEXTON, WANDA F MRS.
13310 N. 56TH ST
TEMPLE TERRACE, FL 33617

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U00000733088
05/09/07-80074-004 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME ISHIARA, MIWAKO MRS.
STREET ADDRESS 10123 KINGSHYRE WAY
CITY-ST-ZIP TAMPA, FL 33647

TITLE D
NAME WALKER, SHU MRS.
STREET ADDRESS 16305 OAK MANOR
CITY-ST-ZIP TAMPA, FL 33624

TITLE SEC
NAME WALKER, SHU MRS.
STREET ADDRESS 16305 OAK MANOR
CITY-ST-ZIP TAMPA, FL 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Shu Walker Director Shu WALKER, Dir 4/24/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-883-0895

Daytime Phone #