2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 18, 2008 8:00 am Secretary of State

DOCUMENT # P07000119576 1. Entity Name CUPS - A2Z, INC.								04-28-2008 9	90402 0	03 ***15	50.00
Principal Place of Business 13007 VILLAGE BOULEVARD			1	Mailing Address 13007 VILLAGE BOULEVARD			66	014399			
MADEIRA BEACH, FL 33708 US				MADEIRA BEACH, FL 33708 US			1 mmmun. 1	1. FRAN (81). ATAN JARN 201	II 1880 B B B B B	iisi saarella r	Maar waren
2. Principal Place of Business - No P.O. Box #				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #. etc.			04242008	Chg-P	CR2E0	34 (12/06)	
City & State				City & State		4. FEI Numb	1348319		<u> </u>	pplied For of Applicable	
Zip	Country			Zip Coun		lγ 	5. Certificate	of Status Desired		\$8.75 Ack Fee Require	
Name and Address of Current Registered Agent						7, Name and Address of New Registered Agent Name					
RICHTER, MARYBELLE H 13007 VILLAGE BOULEVARD MADEIRA BEACH, FL 33708						Street Address	(P.O. Box Numb	er is Not Acceptable)		
						City	-, <u>-,-,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		FL	Zip Cod	
 The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. 							ered agent, or bo	oth, in the State of Fic		familiar with.	and accept
Intel contiguous or registered agent. SIGNATURE Signature, typed or printed name of repaired agent and title if applicable. INDTE: Registered Agent agrees required when remaining! OATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICE	RS AND DIREC		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND		S IN 11
TITLE NAME	P D RICHTER, MARYBELLE H				TITLE	T I				Charge	Addilion
STHEET ADDRESS CITY-S1-ZIP	13007 VII	LLAGE BOULE A BEACH, FL 3	VARD		ET ADORESS - S1-ZIP				•		
TITLE HAME				☐ Delets	TITLE	1				Chadge	☐ Addi¢or
SIBLET ADDRESS CITY ST-ZIP						ET ADDRESS ST-ZIP					
force	☐ Delete TiPL					1				☐ Change	Addition
HAME Street address UJY SI ZIP						ET AOORESS - ST-ZIP					
TITLE NAME				☐ Delete	TIFLE	3				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					SIRE	ET ADDRESS • \$1 • DP					
TITLE				□ Detete	HAM					Change	Addition
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP					
NOLE MASSE				- Deleta	FIFLE					☐ Change	Additor
STREET ADDRESS CITY-51-209					STRE	ET AOORESS -ST-ZIP					
12. Thereby 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 orificer 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 attechment with an address, with all otherwise chipowered. May belie H. Krottov SIGNATURE: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \											
SIGNA	UNE.	- Staffe proces	best from	HAME & SQUART OF CE	R DURECT	OR		Date		Bytene Phone #	