

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000098318

**FILED**  
**Sep 27, 2012**  
**Secretary of State**

**Entity Name:** A-Z MANAGEMENT SERVICES CORP.

**Current Principal Place of Business:**

201 EAST 44 STREET  
HIALEAH, FL 33013

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 28568  
HIALEAH, FL 33002

**New Mailing Address:**

**FEI Number:** 45-3994766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONTALVAN, ONERRIRA  
201 EAST 44 STREET  
HIALEAH, FL 33013 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MONTALVAN, ARQUIMIDES  
**Address:** 201 EAST 44 STREET  
**City-St-Zip:** HIALEAH, FL 33013

**Title:** VP  
**Name:** MONTALVAN, ONERRIRA  
**Address:** 201 EAST 44 STREET  
**City-St-Zip:** HIALEAH, FL 33013

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ARQUIMEDES MONTALVAN

P

09/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date