2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000056023

1. Entity Name

A TO Z VENTURES Z, INC.



FILED Feb 07, 2007 08:00 Al Secretary of State

Principal Place of Business

4756 S.W. 72ND AVE. DAVIE, FL 33314

Mailing Address 4756 S.W. 72ND AVE. DAVIE, FL 33314



DO NOT WRITE IN THIS SPACE

02052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0523912 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZARTOLAS, GEORGE 4756 S.W. 72ND AVE. DAVIE, FL 33314

DO NOT WRITE IN THIS SPACE

1		}			
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					
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ing \Box	\$5.00 May Be Added to Fees	U00000625397 02/14/07-80073-016 150.00
10.	OFFICERS AND DIRE	CTORS	, , ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZARTOLAS, GEORGE 4756 S.W. 72ND AVE. DAVIE, FL 33314				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS GITY-ST-ZIP					NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS				,	Account for the first term of
CITY-ST-ZIP:	A CONTRACTOR OF THE STATE OF TH	r grager region (1994) Francisco de Carlos	, S.	整套 在选出的 1995年 1995年	
NAME STREET ADDRESS CITY-ST-ZIP			and the design	and the second s	
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 eath; that I am an officer or director					

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:

REPARTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/07 954-567-8595