2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Apr 09, 2008 08:00 A Secretary of State DOCUMENT # P94000056023 A TO Z VENTURES Z, INC. Principal Place of Business Mailing Address 4756 S.W. 72ND AVE. DAVIE FL 33314 4756 S.W. 72ND AVE. DAVIE FL 33314 2. Principal Place of Business - No P.O. Box # 3. Mading Address Suite, Apt. #, etc. Suite, Apt. #, atc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0523912 Not Applicable Ζıρ Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZARTOLAS, GEORGE 4756 S.W. 72ND AVE. Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33314** City Zio Code 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 prened name of registered agent and title it terpicable (NOTE: Registered Agent a goature required when reinstating) FILE NOW!!!-FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE NAME ZARTOLAS, GEORGE NAME STREET ADDRESS 4756 S.W. 72ND AVE. STREET ADDRESS **DAVIE FL 33314** CITY-ST-ZIP CITY-ST-ZiP MILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Derete TITLE TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-CT-ZIP TITLE Delete DOLL ☐ Channe Addition | NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Deiete TITLE ☐ Change Addition NAME NAMI' STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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