

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90277 037 ***150.00

DOCUMENT # P95000012208

1. Entity Name

Z & J ENTERTAINMENT, INC.



Principal Place of Business

4529 N. PINE ISLAND RD.
SUNRISE FL 33351

Mailing Address

4529 N. PINE ISLAND RD.
SUNRISE FL 33351



2. Principal Place of Business

10170 N.W 5TH ST

Suite, Apt. #, etc.

PLANTATION FL 33

City & State

3. Mailing Address

10160 N.W 5TH ST

Suite, Apt. #, etc.

PLANTATION

City & State

PLANTATION FL

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0776133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33324

Country
BARBUDOS

Zip
33324

Country
BARBUDOS

6. Name and Address of Current Registered Agent

MEEIROVICI, ADELA
10160 NW 5TH ST
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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 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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MEEIROVICI, ZEEV
4529 N. PINE ISLAND RD.
SUNRISE FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
MEEIROVICI, ADELA
4529 N. PINE ISLAND RD.
SUNRISE FL 33351 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
MEEIROVICI, ADELA
4529 N. PINE ISLAND RD.
SUNRISE FL 33351 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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12. I hereby 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Zeev Meeirovici *Zeev Meeirovici*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06 954 370 6015
Date Daytime Phone #