

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000062987

Entity Name: A TO Z THRIFT STORE, INC.

FILED
Mar 17, 2008
Secretary of State

Current Principal Place of Business:

4229 WEST HALLANDALE BEACH BLVD.
HALLANDALE, FL 33023

New Principal Place of Business:

Current Mailing Address:

4229 WEST HALLANDALE BEACH BLVD.
HALLANDALE, FL 33023

New Mailing Address:

FEI Number: 65-0720287

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHITELLI, SCOTT
4229 WEST HALLANDALE BEACH BLVD.
HALLANDALE, FL 33023 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICHITELLI, SCOTT
Address: 4229 WEST HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE, FL 33023

Title: SD () Delete
Name: RICHITELLI, GABRIEL
Address: 4229 W HALLANDALE BCH BLVD
City-St-Zip: HALLANDALE, FL 33023

Title: TD () Delete
Name: ANGEL, RICHITELLI
Address: 4229 W HALLANDALE BCH. BLVD
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: RICHITELLI, GABRIELE
Address: 4229 W HALLANDALE BCH BLVD
City-St-Zip: HALLANDALE, FL 33023

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SCOTT RICHITELLI

PD

03/17/2008

Electronic Signature of Signing Officer or Director

_____ Date