


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90073 023 \*\*\*150.00

<b>DOCUMENT # P97000025054</b>		
1. Entity Name <b>A TO Z ANTIQUES, INC.</b>		

Principal Place of Business <b>C/O AM JONES CPA, PA 3421 N. POWERLINE RD. POMPANO BEACH, FL 33069</b>	Mailing Address <b>2030 NE 29TH CT FORT LAUDERDALE, FL 33306</b>
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**50008678**



2. Principal Place of Business		3. Mailing Address <b>2015 NE 17TH CT</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>UNIT #3</b>	
City & State		City & State <b>FT. LAUDERDALE FL</b>	
Zip	Country	Zip	Country
<b>33305</b>		<b>BROW.</b>	

01242005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>BORNHOEFT, BERT M C/O AM JONES CPA, PA POMPANO BEACH, FL 33069</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
<b>FL</b>		<b>FL</b>	
Zip Code		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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BORNHOEFT, BERT M 3421 N. POWERLINE RD POMPANO BEACH, FL 33069	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN 27 / 05**

Date

**954-568-3442**

Daytime Phone #