2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000088468

1. Entity Name

A & Z-ALPHA & OMEGA, INC.



Principal Place of Business

4825 NW 72 AVENUE MIAMI, FL 33166 Mailing Address

4825 NW 72 AVENUE MIAMI, FL 33166

FILED Jul 28, 2008 08:00 AM Secretary of State



 			13. 3. 5.2	
NOT	WRITE	IN THIS	SPAC	

07242008 No Chg-P CR2E034 (11/05)

4. FEI Number
52-2128331 Applied For
Not Applicable

5. Certificate of Status Desired Fee Required
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, JORGE R 4825 NW 72 AVENUE MIAMI, FL 33166 DO NOT WRITE

	00.00		IN THIS SPACE			
	tions of registered agent.		ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE VOTGE R SAHEHEZ Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered			d Agent signature required when reinstating)	07/24/08 DATE		
FILE NOWIII FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Final Trust Fund Contribution.			\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE P SANCHEZ, JORGE R 4825 NW 72 AVENUE MIAMI, FL 33166	CTORS	and the second of the second o	Unnoneseis		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				\$\\\\07\\\28\\\08\\\80002\\-010\\150\\000\\\\\\\\\\\\\\\\\\\\\\\\		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN.	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			an a		
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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.

_	_				
СI	GN	Л	TI	10	┏.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/24/08 (305) 7159.065

Daytime Phone #