

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90066 020 ***150.00

**2002 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000008997
 1. Entity Name
Z AND N SERVICES, CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2855 S. Conway Road	3. Mailing Address 2855 S. Conway Road
Suite, Apt. #, etc. Suite 205	Suite, Apt. #, etc. Suite 205

City & State Orlando, Florida	City & State Orlando, Florida	4. FEI Number 59-3554448	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 32812	Country USA	Zip 32812	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
MARTIROSOV, Eduard

Street Address (P.O. Box Number is Not Acceptable)
2855 South Conway Road

Suite 205

City **Orlando** FL Zip Code **32812**

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.

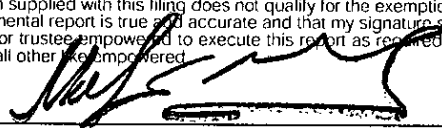
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE PD	MARTIROSOV, Eduard	TITLE	
NAME	2855 S. Conway Road, Suite 205	NAME	
STREET ADDRESS	Orlando, FL 32812	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **04.26.02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)