2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P99000015223 A THRU Z INTERNATIONAL, INC.



Principal Place of Business

10624 NW 54 STREET MIAMI, FL 33178

Mailing Address

10624 NW 54 STREET MIAMI, FL 33178

FILED Apr 07, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04032006 No Chg-P

4. FEI Number 65-0896642 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

hech will

SIGNATURE AND TYPES ON PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DIAZ, EDUARDO 1845 SW 14TH ST MIAMI, FL 33145

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the plans of registered agent. | surpose of changing its registere | d office or r | egistered agent, or bo | oth, In the State of Florida. I am tamiliar with, and accept |
|---|---|--|---|---|---|
| SIGNATURE_ | <u> </u> | | | | |
| | Signature, typed or printed name of registered agent and tille | rapplicable (NOTE: Registered | Agent signature | required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finant After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. | | | cing 🖂 | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ECHEVERRIA, GUSTAVO A 10624 NW 54 STREET MIAMI, FL 33178 | · | | | 00000495517 04/21/06-80013-019 150.00 |
| title Name Street address CHY-ST-ZIP | | | | | U47 217 U97 8UB1(37D13 15D1)DD |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | | | DO | NOT WRITE |
| THTLE NAME STREET ADDRESS CHY-ST-ZIP | | | | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 12. I hereby of indicated of the corporated | pertify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all | ing does not qualify for the exer nd accurate and that my signatu to execute this report as require other like empowered. | nptions cor re shall had ad by Chap | itained in Chapter 119 re the same legal effecter 607, Florida Statute | Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if |