2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # S87549

A TO Z REAL ESTATE, INC.

FILED Jul 07, 2005 08:00 AM Secretary of State

Principal Place of Business

62 W 47 ST RMS 801-803

NEW YORK, NY 10036

Mailing Address

P.O. BOX 85277

HALLANDALE, FL 33008-5277



06302005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3089768

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEGGS, WILLIAM F 2929 E COMMERCIAL BLVD PENTHOUSE A FT LAUDERDALE, FL 33308

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	named entity submits this statement for the tions of registered agent.	purpose of changing its registered of	fice or r	egistered agent, or bo	oth, in the State of Florida. I am familla	with, and accept
SIGNATURE				required when reinstating)	DATE	
	LE NOW!!! FEE IS \$150.00 ue by September 7, 2005	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2 corporation did not receive the	?)(b), F.S., the prior notice.
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRI D BARROS, ARNALDO 62 W 47 ST 801-803 NEW YORK, NY	ECTORS		-	u000000371131 07/07/05-80004-012	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARROS, MARIA 62 W 47 ST 801-803 NEW YORK, NY					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTA, SOPHIA 62 W 47 ST 801-803 NEW YORK, NY			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP						
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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 cath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR