

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 407625</b>	
1. Entity Name ZARA LAND CORP	

Principal Place of Business ZARA LAND CORP 1355 2 53RD ST, APT #320 HIALEAH FL 33012 US	Mailing Address ZARA LAND CORP 1355 W 53RD ST PAT #320 HIALEAH FL 33012 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SALAZAR, EDUARDO 1340 CORAL WAY CORAL GABLES FL 33134		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

4. FEI Number <b>59-1448536</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when resigning) DATE \_\_\_\_\_

<b>FILE NOW!!! - FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SALAZAR, EDUARDO 1340 CORAL WAY CORAL GABLES FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000897620 04/25/08-80056-004 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ZARAGOZI, MARIA AVE. CONDADO 605, PDA 17 SANTURCE PR <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 exemptions contained in Section 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.

**SIGNATURE:** *EDUARDO SALAZAR - President - 4-5-2008*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR