


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90031 005 ***150.00

DOCUMENT # P0000030267
 1. Entity Name
R.J. ZAMBELLI INVESTMENTS, INC.



Principal Place of Business
13906 CROOKED PALM COURT
MIAMI LAKES, FL 33014

Mailing Address
13906 CROOKED PALM COURT
MIAMI LAKES, FL 33014

NEW ADDRESS :

2. Principal Place of Business
6407 NW 81ST BLVD
 Suite, Apt. #, etc.

3. Mailing Address
6407 NW 81ST BLVD
 Suite, Apt. #, etc.



03102006 Chg-P CR2E034 (11/05)

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

Zip
32653

Country
USA

Zip
32653

Country
USA

4. FEI Number
65-1012862

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ZAMBELLI, ROBERT J
13906 CROOKED PALM COURT
MIAMI LAKES, FL 33014

NEW ADDRESS →

7. Name and Address of New Registered Agent
 Name
ZAMBELLI, ROBERT J
 Street Address (P.O. Box Number is Not Acceptable)
6407 NW 81ST BLVD
 City
GAINESVILLE FL Zip Code
32653

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 signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMBELLI, ROBERT J NEW ADDRESS →	NAME	ZAMBELLI, ROBERT J
STREET ADDRESS	13906 CROOKED PALM COURT →	STREET ADDRESS	6407 NW 81ST BLVD
CITY-ST-ZIP	MIAMI LAKES, FL 33014	CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMBELLI, BETTYE NEW ADDRESS →	NAME	ZAMBELLI, BETTYE
STREET ADDRESS	13906 CROOKED PALM COURT →	STREET ADDRESS	6407 NW 81ST BLVD
CITY-ST-ZIP	MIAMI LAKES, FL 33014	CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VP
STREET ADDRESS		STREET ADDRESS	LINDA GATES
CITY-ST-ZIP		CITY-ST-ZIP	13908 CROOKED PALM PLACE
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: _____ **3/11/06** (786) 367-2620
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #