2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91438 003 ***150.00

DOCUMENT # P02000110595

1. Entity Name
ZM1, INC.

Principal Place of Business	Mailing Address
3501 WEST VINE STREET SUITE 329 KISSIMMEE, FL 34741 US	3501 WEST VINE STREET SUITE 329 KISSIMMEE, FL 34741 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3092 ALOMA Ave.	3092 ALOMA AVE.
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.: SUITE 200
City & State: WINTER PARK, FL	City & State: WINTER PARK, FL.
Zip: 32792 Country: US	Zip: 32792 Country: US

4. FEI Number: EIN # 65-1166207 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZAURIN, RICARDO MR.
3201 ROSEBUD LANE
APT. 8205
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent (same)

Name: ZAURIN, RICARDO MR.
Street Address (P.O. Box Number Is Not Acceptable): 3201 ROSE BUD LANE
APT. 8205 WINTER PARK.
City: WINTER PARK. FL Zip Code: 32792

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: D Malonda (DIANA MALONDA). 04/23/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS (SAME)

TITLE	P	☐ Delete
NAME	ZAURIN, RICARDO MR.	
STREET ADDRESS	3201 ROSEBUD LANE, APT. 8205	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	VP	☐ Delete
NAME	MALONDA, DIANA M MS.	
STREET ADDRESS	3201 ROSEBUD LANE, APT. 8205	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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 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: D Malonda (DIANA MALONDA) 04/23/03 407-4519963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #