

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90328 010 ***150.00

DOCUMENT # P03000077965		
1. Entity Name ZD-PROPERTIES, INC.		

Principal Place of Business 1218 ASBURY WAY BOYNTON BEACH, FL 33426	Mailing Address 1218 ASBURY WAY BOYNTON BEACH, FL 33426
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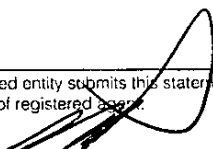
00037041



2. Principal Place of Business 7385 VIA LEONARDO Suite, Apt. #, etc.	3. Mailing Address 7385 VIA LEONARDO Suite, Apt. #, etc.
City & State LAKE WORTH FLORIDA	City & State LAKE WORTH FLORIDA
Zip 33467	Country PALM BEACH

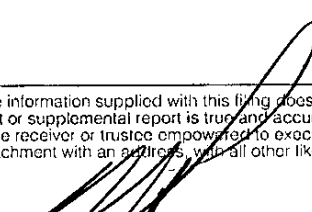
04132005 Chg-P CR2E034 (10/03)

4. FEI Number 02-0699789		Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LIST, MICHAEL 1218 ASBURY WAY BOYNTON BEACH, FL 33426		

7. Name and Address of New Registered Agent Name: MICHAEL LIST Street Address (P.O. Box Number is Not Acceptable): 7385 VIA LEONARDO City: LAKE WORTH FL Zip Code: 33467	
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: 	DATE: 4-13-05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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	P LIST, MICHAEL 1218 ASBURY WAY BOYNTON BEACH, FL 33426 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P List, Michael 7385 VIA LEONARDO LAKE WORTH FL 33467 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 	DATE: 4-13-05 Daytime Phone #: 561-256-4045