## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

## Apr 15, 2005 8:00 am Secretary of State DOCUMENT # P04000042360 1. Entity Name 04-15-2005 90106 050 \*\*\*158.75 ZARETH METAL FRAMING, INCORPORATED Principal Place of Business Mailing Address 11554 LAMPLIGHTER LANE 11554 LAMPLIGHTER LANE TAMPA FL 33637-2719 TAMPA FL 33637-2719 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI\_Number Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARCOPA, NORINE K 11554 LAMPLIGHTER LANE TAMPA FL 33637-2719 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 the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State **CFFICERS AND DIRECTORS** 10. 11. TITLE TITLE ☐ Delete PACHECO, ENRIQUE G NAME NAME 12718 BARRETT DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33624-4102 CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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 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

**FILED**