

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000126622

FILED  
Aug 31, 2009  
Secretary of State

Entity Name: ZUR INTERNATIONAL, INC.

**Current Principal Place of Business:**

13174 SW 23RD ST.  
MIRAMAR, FL 33027

**New Principal Place of Business:**

5631 GATLIN AVE  
G  
ORLANDO, FL 32812

**Current Mailing Address:**

13174 SW 23RD ST.  
MIRAMAR, FL 33027

**New Mailing Address:**

5631 GATLIN AVE  
G  
ORLANDO, FL 32812

FEI Number: 22-3972855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: ZURITA, MANUEL  
Address: 13174 SW 23RD ST.  
City-St-Zip: MIRAMAR, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL ZURITA

PRES

08/31/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date