


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000047996
1. Entity Name
Z & V CORPORATION



Principal Place of Business Mailing Address
180 CRANDON BLVD 180 CRANDON BLVD
119 SUITE 119
KEY BISCAIYNE, FL 33149 US KEY BISCAIYNE, FL 33149

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEJ Number 65-0424112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GAMERO, ZULMA
137 NE 107TH ST
MIAMI SHORES, FL 33161

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GAMERO, ZULMA 137 NE 107TH ST MIAMI SHORES, FL 33161
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GISCARD, PAUL 137 NE 107 STREET MIAMI SHORES, FL 33161
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01/27/05-80081-008 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Zulma Gamero x JAN/25/05 (305) 361-2785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Zulma Gamero - President