2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000048489

1. Entity Name
ZGA ENGINE SERVICE, INC.

Principal Place of Business	Mailing Address
5675 NORTHWEST 84 AVENUE	5675 NORTHWEST 84 AVENUE
MIAMI, FL 33166	MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

01242005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0681766	Not Applicable

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

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

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 _____

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, 2005 Fee will be $550.00

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

02/09 ... 04 ... 50.00

U00000221936
02/09/05-80054-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ZOTTI, ROBERTO F
STREET ADDRESS	5675 NORTHWEST 84 AVENUE
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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)(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: _____   1/31/05   305 592 ...

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #