

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000093509

1. Entity Name
ERNESTO ZUAZO INTERNATIONAL, INC.



Principal Place of Business

**3671 SW 20TH ST
MIAMI, FL 33145**

Mailing Address

**3671 SW 20TH ST
MIAMI, FL 33145**

DO NOT WRITE IN THIS SPACE



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0814612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZUAZO, ERNESTO
3671 SW 20 ST
MIAMI, FL 33145**

**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 reconstituting)

7-7-04

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
ZUAZO, ERNESTO
3671 SW 20TH ST
MIAMI, FL 33145**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VSD
ZUAZO, MILAGRO M
3671 SW 20TH ST
MIAMI, FL 33145**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**U00000165844
07/12/04-80030-002 150.00**

**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 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-7-04