

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 852379 1. Entity Name ZELL ONE INC.	
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Principal Place of Business C/O PAUL BERKOWITZ 1221 BRICKELL AVE., #2100 MIAMI, FL 33131	Mailing Address C/O PAUL BERKOWITZ 1221 BRICKELL AVE., #2100 MIAMI, FL 33131
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01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3108294	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
103 N. MERIDIAN ST.
TALLAHASSEE, FL 32301

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BERKOWITZ, PAUL
STREET ADDRESS	1221 BRICKLL AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DST
NAME	BERKOWITZ, PAUL
STREET ADDRESS	1221 BRICKELL AVE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	J BOYNE %P BERKOWITZ
STREET ADDRESS	1221 BRICKELL AVE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/04-80016-025 150.00

**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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # _____