


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90279 048 \*\*\*150.00

<b>DOCUMENT # P02000021831</b>	
1. Entity Name <b>ZAMORA ENTERPRISES OF NORTH FLORIDA, INC.</b>	

Principal Place of Business <b>8787 SOUTHSODE BLVD APT 3905 JACKSONVILLE, FL 32256</b>	Mailing Address <b>8787 SOUTHSODE BLVD APT 3905 JACKSONVILLE, FL 32256</b>
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2. Principal Place of Business <b>1245 Ribbon RD</b>	3. Mailing Address <b>1245 Ribbon RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Jacksonville FL</b>	City & State <b>Jacksonville FL</b>
Zip <b>32259</b>	Country <b>US</b>

04272004 Chg-P CR2E034 (10/03)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ZAMORA, JOSE L 8787 SOUTHSODE BLVD APT 3905 JACKSONVILLE, FL 32256</b>
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7. Name and Address of New Registered Agent Name <b>ZAMORA, JOSE L</b> Street Address (P.O. Box Number is Not Acceptable) <b>1245 Ribbon RD</b> City <b>Jacksonville</b> FL Zip Code <b>32259</b>
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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 <b>4-25-04</b>
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<b>FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST ZAMORA, JOSE L 1105 AJUGA CT JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST ZAMORA, JOSE L 1245 Ribbon RD JACKSONVILLE FL 32259 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date <b>4-25-04</b>	Daytime Phone # <b>(904) 237-5335</b>
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