

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90116 043 \*\*\*150.00

DOCUMENT # P99000099137

1. Entity Name

Z/C HOLDING COMPANY



Principal Place of Business

201 S BISCAYNE BLVD  
34TH FLOOR  
MIAMI FL 33131  
US

Mailing Address

201 S BISCAYNE BLVD  
34TH FLOOR  
MIAMI FL 33131  
US

2. Principal Place of Business

9971 S.W. 128th

Suite, Apt. #, etc.

3. Mailing Address

9971 S.W. 128th

Suite, Apt. #, etc.

City & State

Miami, FL

Zip  
33176

Country  
USA

City & State

Miami, FL

Zip  
33176

Country  
USA

4. FEI Number

65-1003000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZUMPANO, DANIEL E  
9971 SW 128 STREET  
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME ZUMPANO, DANIEL  
STREET ADDRESS 9971 SW 128TH ST  
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TS ☐ Delete  
NAME ZUMPANO, ROSEANNE  
STREET ADDRESS 2201 BRICKELL AVE #31  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 4/29/04

Date

Daytime Phone #

305-255-5223