

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000051794

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: ZOLRAK & DURKON PSYCHIC NETWORK, INC.

## Current Principal Place of Business:

12700 BISCAYNE BLVD.  
TRANSATLANTIC BANK BUILDING, SUITE 402  
NORTH MIAMI, FL 33161

## New Principal Place of Business:

## Current Mailing Address:

C/O BWET BUSINESS ADVISERS, INC.  
9050 PINES BLVD, SUITE 450-8  
PEMBROKE PINES, FL 33024

## New Mailing Address:

C/O BW&T BUSINESS ADVISERS, INC.  
9050 PINES BLVD, SUITE 450-8  
PEMBROKE PINES, FL 33024

FEI Number: 65-1010931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZOLRAK & DURKON, INC.  
12700 BISCAYNE BLVD.  
TRANSATLANTIC BANK BUILDING, SUITE 402  
NORTH MIAMI, FL 33161 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: CESAR D'AREZZO, CARLOS  
Address: 9050 PINES BLVD SUITE 450-8  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete  
Name: MONGE, JOSE  
Address: 9050 PINES BLVD SUITE 450-8  
City-St-Zip: PEMBROKE PINES, FL 33024

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: D'AREZZO, CARLOS C  
Address: 9050 PINES BLVD SUITE 450-8  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS C. D'AREZZO

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date