

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000097445

Entity Name: Z'S BIKE & FITNESS DAVIE, INC.

**FILED**  
**May 25, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

4401 S. FLAMINGO ROAD  
SUITE 107-108  
DAVIE, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

1637 VICTORIA POINTE CIR.  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 20-5339306

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZAMBRANA, LISA  
1637 VICTORIA POINTE CIR.  
WESTON, FL 33327 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ZAMBRANA, LISA  
Address: 1637 VICTORIA POINTE CIR.  
City-St-Zip: WESTON, FL 33327

Title: S ( ) Delete  
Name: ZAMBRANA, LISA  
Address: 1637 VICTORIA POINTE CIR.  
City-St-Zip: WESTON, FL 33327

Title: T ( ) Delete  
Name: ZAMBRANA, LISA  
Address: 1637 VICTORIA POINTE CIR.  
City-St-Zip: WESTON, FL 33327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: ZAMBRANA, ALEXANDER  
Address: 1637 VICTORIA POINTE CIR.  
City-St-Zip: WESTON, FL 33327

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LISA ZAMBRANA

P

05/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date