

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000097445

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 20-5339306

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

Title P  
Name ZAMBRANA, LISA  
Address 1637 VICTORIA POINTE CIR.  
City-State-Zip: WESTON FL 33327

Title S  
Name ZAMBRANA, ALEXANDER  
Address 1637 VICTORIA POINTE CIR.  
City-State-Zip: WESTON FL 33327

Title T  
Name ZAMBRANA, LISA  
Address 1637 VICTORIA POINTE CIR.  
City-State-Zip: WESTON FL 33327

I hereby 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 all other like empowered.

**SIGNATURE:** LISA ZAMBRANA

**PRESIDENT**

**01/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date