2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 28, 2004 08:00 AM **DOCUMENT # 215610** Secretary of State 1. Entity Name ZAGAMI MARKET, INC. Principal Place of Business Mailing Address . ANTONIO ZAGAMI JR 2326 SW 1ST ST MIAMI FL 33135 ANTONIO ZAGAMI JR 2326 SW 1ST ST MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-0839004 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZAGAMI, ANTONIO Street Address (P.O. Box Number is Not Acceptable) 2326 SW 1ST ST MIAMI FL 33135 City Z_io 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 agont and filte if applicable (NOTE Registered Agent signature required whon reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. RTLE ☐ Change ☐ Delete TEFLE NAME ZAGAMI, PATRICIA NAME U00000017486 2326 S.W. 1ST STREET STREET ADDRESS STREET ADDRESS 01/28/04-80097-012 158.75 CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Defete MILE DIE Change Addition ZAGAMI, GIOCONDA NAME STREET ADDRESS 2326 S.W. 1ST STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP 7173 F ST ☐ Detete ☐ Change ☐ Addition MAME ZAGAMI, ANTONIO JR. NAME STREET ADDRESS 2326 S.W. 1ST STREET STREET ADDRESS CITY - ST - ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CETY-ST-782 TITLE ☐ Defete TITEF Change Addition NAME NAME STREET ADDRESS STREET ADORESS CRY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete me Change Addition NAME NAME STREET ADDRESS 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: __

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04

305 642 5060

FILED