

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90403 007 ***150.00

DOCUMENT # 477785

1. Entity Name
ZERIMAR ENTERPRISES, INC.



Principal Place of Business
**4217 LORDINGS LANE WEDGEWOOD ESTATES
HERNANDO BEACH, FL 34607**

Mailing Address
**4217 LORDINGS LANE WEDGEWOOD ESTATES
HERNANDO BEACH, FL 34607**

000006220



2. Principal Place of Business
4217 LORDINGS LANE

3. Mailing Address
4217 LORDINGS LANE

01042006 Chg-P CR2E034 (11/05)

City & State
WEEKI WACHEE, FL

City & State
WEEKI WACHEE, FL

Zip
34607

Country
USA

Zip
34607

Country
USA

4. FEI Number
59-1909810

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

**RAMIREZ, E.L.
4217 LORDINGS LANE WEDGEWOOD ESTATES
HERNANDO BEACH, FL 34607**

Name
4217 LORDING LANE

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

WEEKI WACHEE FL Zip Code **34607**

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, 2006 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
RAMIREZ, E L, JR
4217 LORDINGS LANE WEDGEWOOD ESTATES
WEEKI WACHEE, FL 34607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
RAMIREZ, CAROL M.
4217 LORDINGS LANE WEDGEWOOD ESTATES
WEEKI WACHEE, FL 34607

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

Date

Daytime Phone #

*second request
Please correct
these addresses
Thank you
ER*

3/25/06 352 5865057