

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90365 010 ***150.00

DOCUMENT # 486403

1. Entity Name
ZICARO'S, INC.



Principal Place of Business
**2960 N.W. COMMERCE PARK DRIVE
BOYNTON BEACH, FL 33426**

Mailing Address
**2960 N.W. COMMERCE PARK DRIVE
BOYNTON BEACH, FL 33426**

14004341



03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1635756** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ZICARO, NICHOLAS C JR
2960 N.W. COMMERCE PARK DRIVE
BOYNTON BEACH, FL 33426**

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZICARO, JR NICHOLAS C 4880 OXFORD WAY BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZICARO, HELEN E 4880 OXFORD WAY BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZICARO, NICHOLAS III 18115 LAKE BEND DR JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LABELLE, PAULA 4880 OXFORD WAY BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MUNDY, LISA 20 VIA DE CASAS SU. #203 BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/18/04**

Daytime Phone # _____