

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 486403

Entity Name: ZICARO'S, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1635756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZICARO, JR NICHOLAS, C
Address: 4880 OXFORD WAY
City-St-Zip: BOCA RATON, FL 33434

Title: ST () Delete
Name: ZICARO, HELEN E,
Address: 4880 OXFORD WAY
City-St-Zip: BOCA RATON, FL 33434

Title: V () Delete
Name: ZICARO, NICHOLAS III,
Address: 18115 LAKE BEND DR
City-St-Zip: JUPITER, FL

Title: V () Delete
Name: LABELLE, PAULA
Address: 4880 OXFORD WAY
City-St-Zip: BOCA RATON, FL 33434

Title: V () Delete
Name: MUNDY, LISA
Address: 20 VIA DE CASAS SU. #203
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: V (X) Change () Addition
Name: LABELLE, PAULA
Address: 2845 NW TIMBERCREEK CIR
City-St-Zip: BOCA RATON, FL 33431

Title: V (X) Change () Addition
Name: MUNDY, LISA
Address: 6294 ETHAN DR
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NICHOLAS C ZICARO JR

MR

04/25/2005

Electronic Signature of Signing Officer or Director

Date