

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 486403

Entity Name: ZICARO'S, INC.

FILED
Apr 03, 2009
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:

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

04/03/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZICARO, JR NICHOLAS C
Address: 2960 NW COMMERCE PARK DR
City-St-Zip: BOYNTON BEACH, FL 33426

Title: ST () Delete
Name: ZICARO, HELEN E
Address: 2960 NW COMMERCE PARK DR
City-St-Zip: BOYNTON BEACH, FL 33426

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PAULA LABELLE
Address: 2960 NW COMMERCE PARK DR
City-St-Zip: BOYNTON BEACH, FL 33426

Title: ST (X) Change () Addition
Name: LISA MUNDY
Address: 2960 NW COMMERCE PARK DR
City-St-Zip: BOYNTON BEACH, FL 33426

Title: V (X) Change () Addition
Name: NICHOLAS C ZICARO III
Address: 2960 NW COMMERCE PARK DR
City-St-Zip: BOYNTON BEACH, FL 33426

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LISA MUNDY

ST

04/03/2009

Electronic Signature of Signing Officer or Director

Date