


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90110 050 ***150.00

| | | |
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| DOCUMENT # 593129 | |  |
| 1. Entity Name ZIMPAL DOLLAR FUNDING CORP. | | |

| | |
|---|---|
| Principal Place of Business C/O MICHAEL J. ZIMMERMAN 13320 SW 128TH ST. MIAMI, FL 33186 US | Mailing Address % MICHAEL J. ZIMMERMAN 13320 S.W. 128TH ST., MIAMI, FL 33186 |
|---|---|

60012125



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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

02022007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 59-1864670 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, DAVID
13320 S.W. 128TH ST.,
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name Michael J Zimmerman
Street Address (P.O. Box Number is Not Acceptable)
13320 SW 128 ST
City Miami FL Zip Code 33186

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] (NOTE: Registered Agent signature required when reconstating) DATE 2/2/07

| | |
|---|--|
| FILE NOW!!! FEE IS \$450.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 ZIMMERMAN, MICHAEL 13320 S.W. 128TH ST. MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ZIMMERMAN, GAYLE 13320 S.W. 129TH ST. MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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 lines empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 2/2/07 Daytime Phone # _____