## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT #678580**

1. Entity Name

ZERÉP SYSTEMS, INC.



**FILED** Jan 17, 2007 08:00 AM **Secretary of State** 

Principal Place of Business

4510 SOUTH WEST 102 COURT

C/O PABLO D. PEREZ MIAMI, FL 33165

Mailing Address

4510 SOUTH WEST 102 COURT C/O PABLO D. PEREZ MIAMI, FL 33165



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O NOT WRITE IN THIS SPACE	4. FEI Numbe	r	Applied For

59-2011519 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

PEREZ, PABLO D. 4510 S.W. 102 CT. MIAMI, FL

## DO NOT WRITE IN THIS SPACE

4. FEI Number

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			started Agent argneture required when remetating)	Agent signature required when renataling) DATE		
	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Fi Trust Fund Contribute		U00000588492 01/17/07-80074-015 150.00		
10.	OFFICERS AND DIREC	TORS		<u> </u>		
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12. I hereby certify that the information supplied with this filling 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 under 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 under 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 of or under 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 of or under 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 of or under 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 of th

**SIGNATURE:** 

CTY-ST-ZP