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Apr 01, 2008 8:00 am
Secretary of State
04-01-2008 90009 049 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000004503

1. Entity Name
ZARATE CONSULTING CORPORATION

40056302

02082008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
6450 COLLINS AVE #407 MIAMI BEACH, FL 33141	6450 COLLINS AVE #407 MIAMI BEACH, FL 33141

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2100 CORAL WAY	2100 CORAL WAY
Suite, Apt. #, etc.: 604	Suite, Apt. #, etc.: 604
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33145 Country:	Zip: 33145 Country:

4. FEI Number: 13-3738631 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZARATE, NESTOR
6450 COLLINS AVE STE 407
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD	☐ Delete
NAME	ZARATE, NESTOR	
STREET ADDRESS	6450 COLLINS AVE STE 407	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	STD	☐ Delete
NAME	MORENO-ZARATE, ADRIANA	
STREET ADDRESS	6450 COLLINS AVE STE 407	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: ____________________ 03/14/08 305-854-9988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #