


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000001279 1. Entity Name ZULAICA INC.	
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Principal Place of Business 2875 N.E. 191ST, PH 1 MIAMI, FL 33180	Mailing Address 2875 N.E. 191ST, PH 1 MIAMI, FL 33180
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0229096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KLEIN, THEODORE J ESQ. 8030 PETERS ROAD BLDG. D., SUITE 104 PLANTATION, FL 33324
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000868254 04/09/08-80001-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SREDNI, ELIECER 2875 N.E. 191ST, PH 1 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TABACINIC, FELA 2875 N.E. 191ST, PH 1 MIAMI, FL 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 of supply of annual 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: _____ SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 3/19/08	Daytime Phone #
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