

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 01, 2004 8:00 am
Secretary of State

09-01-2004 90001 024 ***555.00

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1. Entity Name
ZODIAC REAL ESTATE INC.



Principal Place of Business
**1804 WESTCHESTER AVENUE
BRONX, NY 10472**

Mailing Address
**1804 WESTCHESTER AVENUE
BRONX, NY 10472**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062004

Chg-P

CR2E034 (10/03)

4. FEI Number
13-3728766

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOBSON, NEVILLE
443 SAUDERS ROAD SE
PALM BAY, FL 32909**

7. Name and Address of New Registered Agent

Name **ANDRE P. DOBSON VS**

Street Address (P.O. Box Number is Not Acceptable)

443 SAUDERS RD SE

City **PALM BAY**

FL

Zip Code
32909

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

NEVILLE DOBSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/25/04

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **ANASTASIO, LOU**
STREET ADDRESS **45 MINERVA DRIVE**
CITY-ST-ZIP **YONKERS, NY 10710**

TITLE **VS** ☐ Delete
NAME **DOBSON, NEVILLE**
STREET ADDRESS **443 SAUDERS ROAD SE**
CITY-ST-ZIP **PALM BEACH, FL 32909**

TITLE **VS** ☐ Delete
NAME **ANDRE P. DOBSON**
STREET ADDRESS **443 SAUDERS ROAD SE**
CITY-ST-ZIP **PALM BEACH FLA 32909**

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 exemption stated in Section 119.07(3)(i), 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: *NEVILLE DOBSON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEVILLE DOBSON

8/26/04

Date

Daytime Phone #