

2004 FOR-PROFIT CORPORATION ANNUAL REPORT


4/26

FILED
May 21, 2004 8:00 am
Secretary of State

04-26-2004 90577 021 ***150.00

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DOCUMENT # F03000003643					
1. Entity Name ZONE CENTER, INC.					
Principal Place of Business 6278 N. FEDERAL HIGHWAY, SUITE 456 FORT LAUDERDALE, FL 33308			Mailing Address 6278 N. FEDERAL HIGHWAY, SUITE 456 FORT LAUDERDALE, FL 33308		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 55-0842990	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04052004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SUTTER, TROY D 6278 N. FEDERAL HIGHWAY, SUITE 456 FORT LAUDERDALE, FL 33308				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	CPST SUTTER, TROY D 6278 N. FEDERAL HIGHWAY, SUITE 456 FORT LAUDERDALE, FL 33308 <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 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: <u>X [Signature]</u>			Date <u>5/18/04</u> Daytime Phone # <u>957 4488669</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					