

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005593

Entity Name: ZER ASSOCIATES, INC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

19060 SW 24TH ST  
MIRAMAR, FL 33029

## New Principal Place of Business:

## Current Mailing Address:

19060 SW 24TH ST  
MIRAMAR, FL 33029

## New Mailing Address:

18331 PINES BLVD  
# 150  
PEMBROKE PINES, FL 33029

FEI Number: 86-1064028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ORAMA, MILDRED  
19060 SW 24TH ST  
MIRAMAR, FL 33029 US

## Name and Address of New Registered Agent:

ORAMA, MILDRED  
18331 PINES BLVD  
# 150  
PEMBROKE PINES, FL 33029 US

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.

SIGNATURE:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PC ( ) Delete  
Name: ORAMA, MILDRED  
Address: 19060 SW 24TH ST  
City-St-Zip: MIRAMAR, FL 33029

Title: V ( ) Delete  
Name: ORAMA, SHALMAI  
Address: 19620 PINES BLVD  
City-St-Zip: PEMBROKE PINES, FL 33082

Title: S ( ) Delete  
Name: ORAMA, WILFREDO  
Address: 19060 SW 24TH ST  
City-St-Zip: MIRAMAR, FL 33029

Title: T ( ) Delete  
Name: COLON, ISRAEL  
Address: PR-1 BO. BOTIJAS #1  
City-St-Zip: OVOCOUIS, PR 00720

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change ( ) Addition  
Name: ORAMA, MILDRED  
Address: 18331 PINES BLVD # 150  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: ORAMA, WILFREDO  
Address: 18331 PINES BLVD # 150  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILDRED ORAMA

PC

04/30/2009

Electronic Signature of Signing Officer or Director

Date