2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/:

DOCUMENT # F90037

1. Entity Name
ZERO 34 REGISTRATION CORP.

66014767

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE 711 CORAL GABLES, FL 33134 US	201 ALHAMBRA CIRCLE 711 CORAL GABLES, FL 33134 US

04102007   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2204286	Not Applicable

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

6. Name and Address of Current Registered Agent

POHLIG, FRANCIS M.
201 ALHAMBRA CIRCLE
SUITE 711
CORAL GABLES, FL 33134

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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_____

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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	POHLIG, FRANCIS M.
STREET ADDRESS	201 ALHAMBRA CIRCLE, SUITE 711
CITY-ST-ZIP	CORAL GABLES, FL

TITLE	TS
NAME	DE LAS RIVAS, SONIA
STREET ADDRESS	201 ALHAMBRA CIRCLE, #711
CITY-ST-ZIP	CORAL GABLES, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _____   5/10/07   305-441-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #