2004 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT (AR)** Feb 09, 2004 08:00 AM DOCUMENT # J11580 **Secretary of State** 1. Entity Name J & A ZEMBRON, INC. Principal Place of Business Mailing Address ZEMBRON, JAN 5220 NE 33RD AVE ZEMBRON, JAN 5220 NE 33RD AVE FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2676027 Not Applicable Zip Country Zνp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ZEMBRON, JAN 5220 NE 33RD AVE Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33308 City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete BILL ☐ Change Addition NAME ZEMBRON, JAN NAME STREET ADDRESS 5220 N.E. 33 AVENUE STREET ADDRESS FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP VΡ Delete TITLE Change Addition U00000044105 02/11/04-80009-003 158.75 ZEMBRON, ANDRZEY NAME MARKE STREET ADDRESS 8630 S.W. 12 STREET, BOX K-4 STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33025 CITY-ST-ZIP RELE Change 737LE ☐ Delete Addition HAME MAME STREET ADDRESS STREET ADDRESS CETY - ST- ZIP C3TY - ST - Z1P Change ☐ Addition Delete TOTLE 3371 £ NAME MAME STREET ADDRESS STREET ADDRESS CSY-ST-ZIP CITY-ST-ZIP Change Addition THE Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY - ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-2IP

SIGNATURE:

CITY-ST-ZIP

JAN ZEMBRON

2-3-04 954-829-9022