2007 FOR PROFIT CORPORATION ANNUAL REPORT

9/10/2007-90003-046-$555.00-$555.00

FILED

2007 OCT -9 AM 10: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J49667

1. Entity Name
Z LINER INDUSTRIAL, INC.

Principal Place of Business	Mailing Address
30606 BETTS RD [redacted] MYAKKA CITY, FL 34251 US	% JOHN C. COLADO 4565 HACKAMORE RD. SARASOTA, FL 34241

07162007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address ~~[illegible]~~ P.O. Box 407
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State MYAKKA CITY FL
Zip / Country	Zip 34251 / Country

4. FEI Number 59-2752191 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLADO, JOHN C. 4565 HACKAMORE RD. SARASOTA, FL 34241	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 Leslie Chan Colado [signature] 9-7-2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☑ $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	DS COLADO, JOHN C. 4565 HACKAMORE RD. SARASOTA, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COLADO, LESLIE CHAN 4565 HACKAMORE RD. SARASOTA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 10-4-2007 941-322-1303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/11