

# ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                |                                                                                                                                     |                                                |                                                                                                                                                                        |                                                                                                                                                                                         |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L01436</b><br>1. Entity Name<br><b>ZICCARDI ENTERPRISES, INC.</b>                                                                                                                                                |                                                                                                                                     |                                                |                                                                                                                                                                        |                                                                                                       |  |
| Principal Place of Business<br><b>12611 COUNTRYSIDE TERR<br/>         COOPER CITY FL 33330<br/>         US</b>                                                                                                                 |                                                                                                                                     |                                                | Mailing Address<br><b>12611 COUNTRYSIDE TERR<br/>         COOPER CITY FL 33330<br/>         US</b>                                                                     |                                                                                                                                                                                         |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                          |                                                                                                                                     |                                                | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                              |                                                                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                   |                                                                                                                                     |                                                | City & State                                                                                                                                                           |                                                                                                                                                                                         |  |
| Zip                                                                                                                                                                                                                            | Country                                                                                                                             | Zip                                            | Country                                                                                                                                                                | 4. FEI Number <b>65-0134370</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applied         </div>            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                      |                                                                                                                                     |                                                |                                                                                                                                                                        | <b>\$8.75</b> Additional Fee Required                                                                                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ZICCARDI, SILVIA<br/>         12611 COUNTRYSIDE TERR<br/>         COOPER CITY FL 33330</b>                                                                           |                                                                                                                                     |                                                |                                                                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </div> |  |
| 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 _____ (NOTE: Registered Agent signature required when revisiting) _____ DATE _____                                                                                                                                   |                                                                                                                                     |                                                |                                                                                                                                                                        |                                                                                                                                                                                         |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                |                                                                                                                                     |                                                |                                                                                                                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                  |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                              |                                                                                                                                     |                                                | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                           |                                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | P<br><b>ZICCARDI, SILVIA<br/>         12611 COUNTRYSIDE TERR.<br/>         COOPER CITY FL 33330</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: right;"> <b>U00000421407</b><br/> <b>02/16/06-80035-004 150.00</b> </div> |                                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |                                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |                                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |                                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |                                                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                 | <input type="checkbox"/> Delete                                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |                                                                                                                                                                                         |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Silvia Ziccardi **Silvia Ziccardi** 2-1-06 8541434-234